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DETROIT MEDICAL JOURNAL

DETROIT, MICH., JAN. 1902

Vol. 1
NO. 10.

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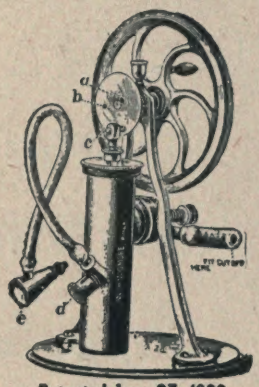

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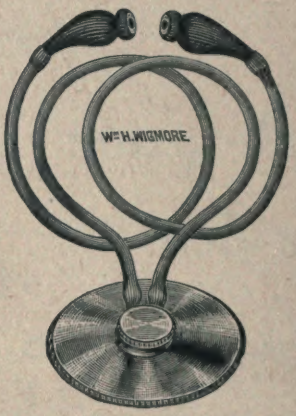

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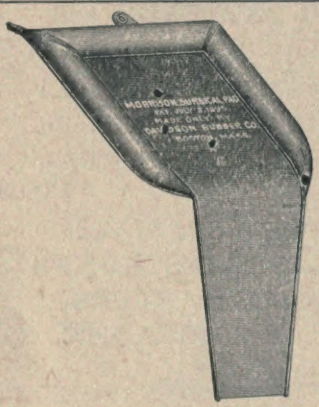

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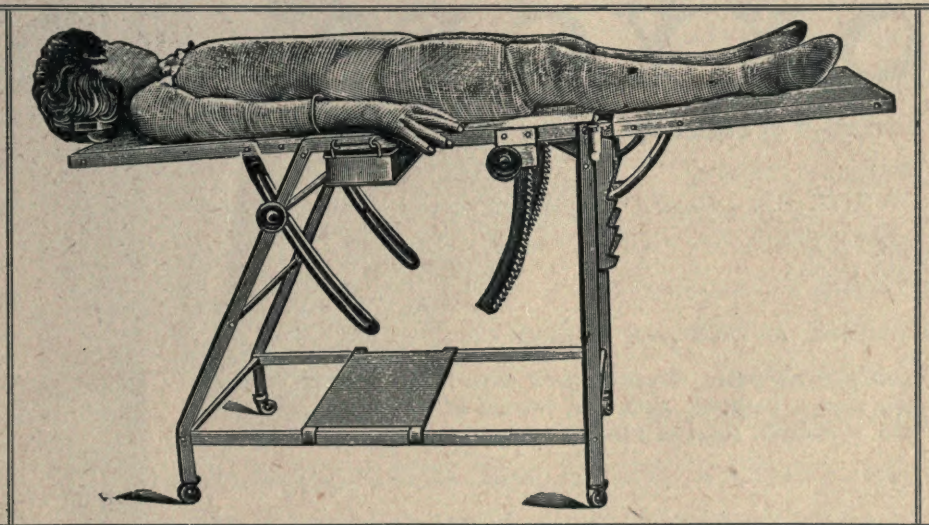

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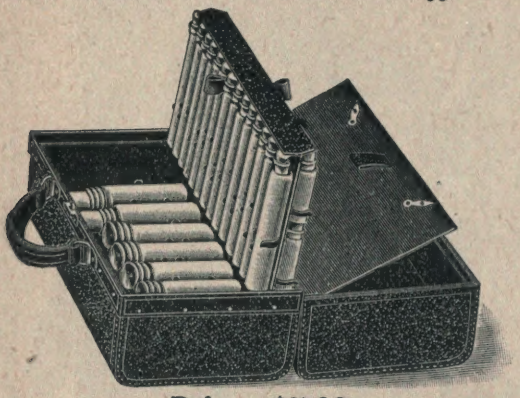

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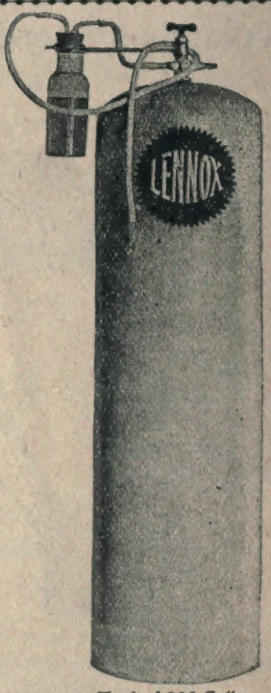

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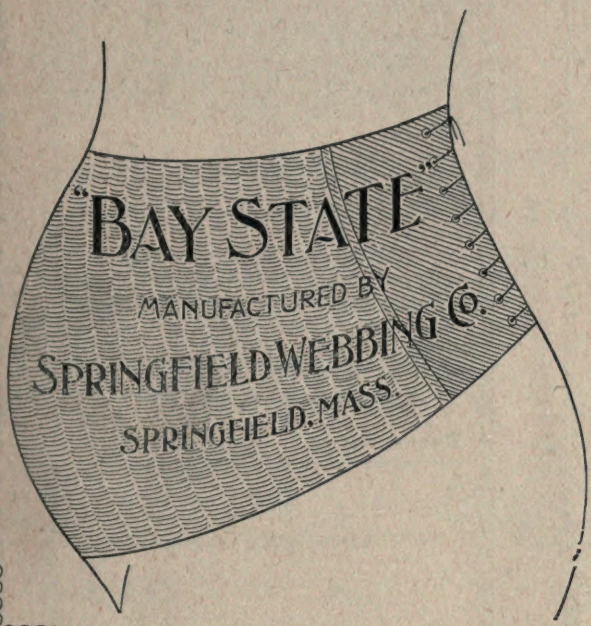

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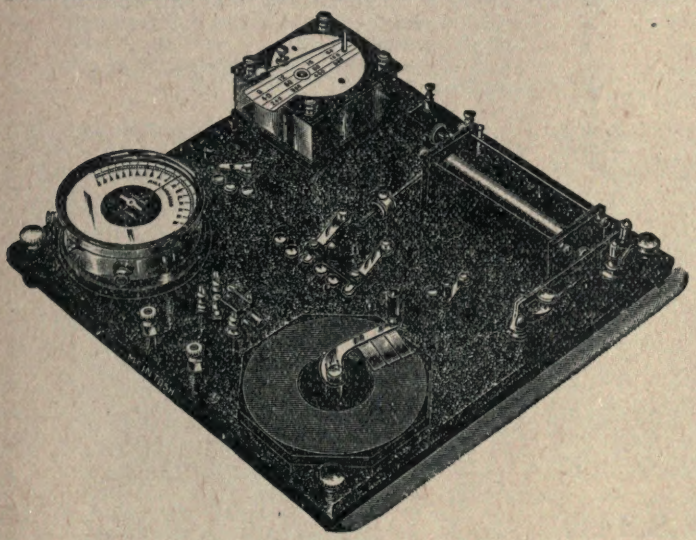

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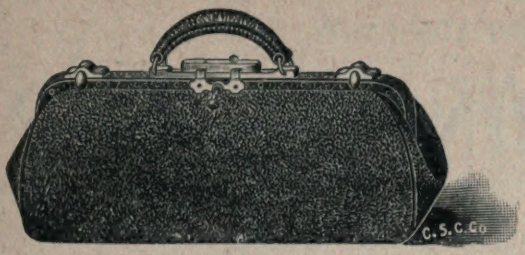

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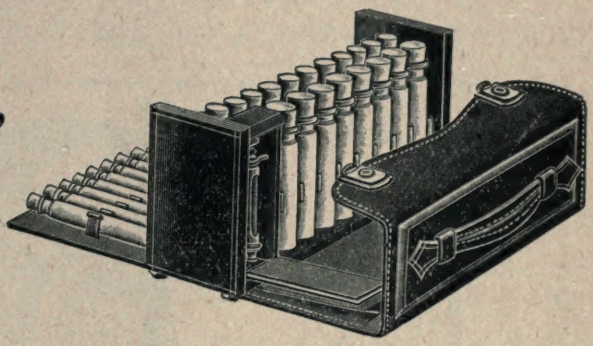

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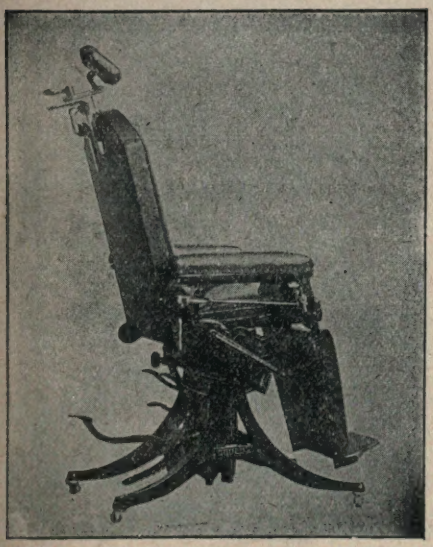

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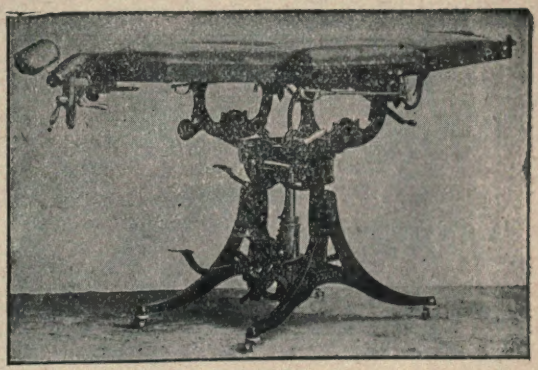

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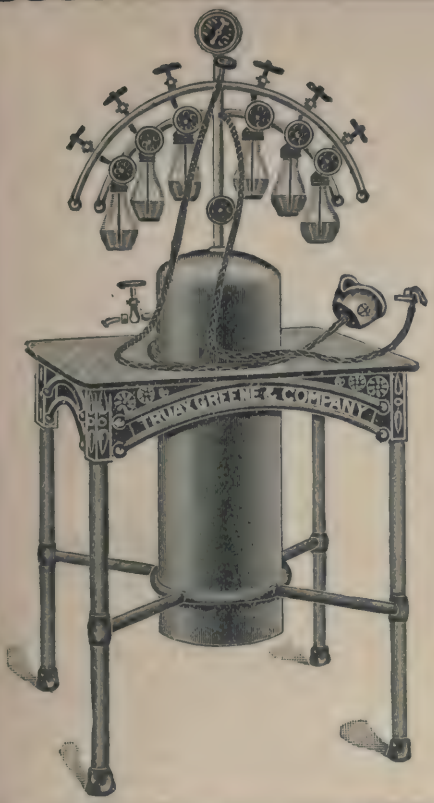

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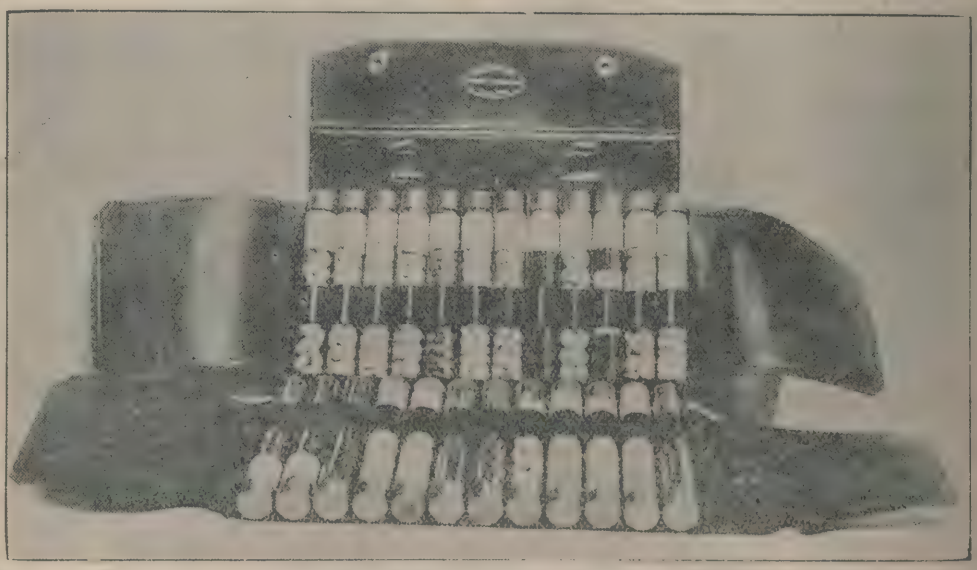

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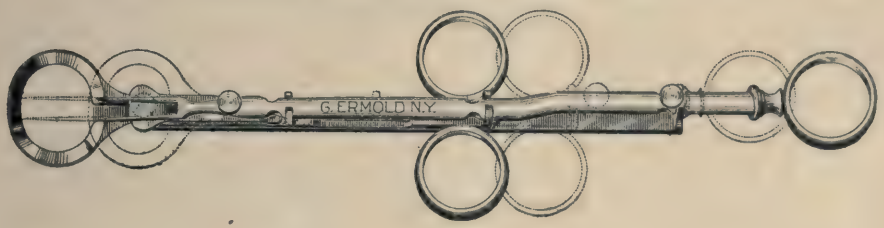

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Original Articles.

A CASE OF LANDRY'S PARALYSIS, WITH *NOTES.

BY JOHANN FLINTERMANN, M. D.
Detroit, Michigan.

In 1895, Landry published the following complex of symptoms, to which since that time the name of Landry's Paralysis has been given: "Persons who have so far shown no symptom of sickness commence to complain of slight constitutional disturbance, loss of appetite, some fever, shooting pains in the back and limbs and a sensation of weakness and numbness in the feet and legs; this is soon followed by slight paresis in the legs, usually commencing in one leg first, but in the course of a very short time extending over the other leg. After the paresis of the legs has become complete, the muscles of the trunk become affected, the paresis finally attacking the upper extremities. After the disease has reached this stage, the muscles of deglutition, articulation and respiration become involved in the same process, death finally occuring after a few days or weeks under symptoms of suffocation, except in mild cases, in which an improvement takes place in the reverse order of the development of the symptoms, namely that the last affected muscles recover first." According to Landry, slight disturbance of sensibility belongs to the nature of the disease, but a great stress is put by him on the fact that no muscular atrophy takes place, that there are no electric symptoms of such observed, and that in fatal cases the post mortem examination has been negative.

Now let me report my case: I was called by Doctor Joseph Schulte, of Detroit, to see Charles Eickler, of Detroit, 31 years old, a machinist, who fell from his house onto the sharp edge of a board, injuring his left testicle. Patient did not pay much attention to the injury and went the next day to his work; but the testicle became swollen and painful and he had to give up and go to bed. A doctor was called, who found the testicle swollen, and tender on pressure. A poultice of snuff was applied. One week after the accident, the patient noticed a numbness in his feet and hands, more pronounced in the former; complained that his feet felt cold, was not able to distinguish between warm or cold applications and could not feel even the hottest application. When I saw him, the patient was lying in bed, sensorium

*Read before the Michigan State Medical Society.

not in the least impaired, his mind perfectly clear. He was unable to walk, could not raise his feet from the bed, nor bend his knees or thighs. The knee reflexes were entirely gone, plantar reflexes exaggerated, cutaneous reflexes slow but exaggerated, tickling of the sole or pricking the same caused weak spasmodic contraction of the muscles of the whole lower extremities. Sensation of touch was not impaired, but delayed. The localization of the points at which the feeling of touch was examined was not very accurate. Patient localized the position of feet and legs correctly. Pressure on the course of superficial and deep nerves was painful. Feet and legs were not swollen. The left testicle was somewhat enlarged; a little tender on pressure; spermatic cord on this side also tender and somewhat indurated; cremaster reflexes absent on both sides; also the muscular reflexes of the musculi recti. Patient could raise both arms, but said that they were weak and complained of numbness in his fingers. Pressure on the nerves was painful; no swelling of hands or arms. Paralysis of right facial nerve, peripheral, tongue coated; when put out, it deviated to the right side.

The patient complained of difficulty in swallowing; solids and liquids regurgitated through the nose. He complained also of palpitation and difficulty in breathing. His speech was impaired; phonation and articulation defective; profuse perspiration. The pupils were equally dilated, answered to light; muscles of the eyes functionated normally; pulse 150; temperature, 38 (Celsius); respiration, 32; bowels constipated; bladder acted normally; patient complained of insomnia; no nausea; no vomiting. No history of any serious previous disease. Family history good. Patient was married and the father of a healthy child. The urine was not examined. Examination of the heart and lungs revealed nothing abnormal. From the symptoms present, I thought I had to deal with a case of acute descending paralysis.

Ordination: Hypodermic injections of morphine for the night; ergotine with nitrate of silver, three grains of the former with one-eight of a grain of the latter every three hours during the day; sponging of the back with warm water.

Next day, Dr. Schulte reported that the facial paralysis had become more pronounced; the urine contained albumen.

Five days later, I saw the patient again. The right arm became paralyzed on May 16 and the left arm three days later. The latter showed signs of improvement two days after paralysis commenced in this arm. Patient was able to raise left arm to some extent, but the right arm could be moved very little; pressure of the right hand was weak. Pressure on the nerves of the upper extremities was very painful, fingers felt numb, cutaneous reflexes exaggerated, feeling of pain delayed, signs of hyperæsthesia. Supraorbital, infraorbital and several points on the head very tender on pressure.

Faradic examinations of the nerves and the muscles of both arms gave signs of reaction of degeneration; the same symptoms were present in the lower extremities. Feet and legs felt very weak, numb; facial paralysis improved, deglutition also; tongue came out straight. The patient, who for several days had been unable to raise his head from the pillow, was so far improved that he easily lifted it to eat and drink. Speech was improved, respiration was easier and less frequent; muscles were flaccid.

I saw the patient again on June 3. He was improved in every respect; arms could be moved, lower extremities raised from the bed and patient could bend knees and thighs. He was able to raise himself; the facial paralysis was not entirely gone, faradic action increased, respiration still frequent, pulse, 120, temperature, 37.9 (Celsius).

Now, the question rises, whether or not

the case could properly be called a case of Landry's paralysis. Taking into consideration the etiology, there is scarcely a case on record in which after a trauma the symptoms of acute descending paralysis develop. Has the trauma in this case anything to do with the disease? If this question can be answered in the affirmative, does that speak against the diagnosis of the case? The way in which the symptoms appear before us necessitates bringing the case under the head of acute ascending paralysis. One week after the effect of the injury the patient complains of weakness commencing in his feet and legs and increasing in a short time to such an extent that he is unable to walk. An examination one week after the symptoms make their appearance reveals a perfect paralysis of the lower extremities, with absence of tendon reflexes, slight disturbance of sensibility, vasomotor nerves so affected as to cause profuse perspiration. The paralysis successively affects the muscles of the trunk, but before attacking the upper extremities, so-called nuclear or bulbal symptoms develop, with facial paralysis, impairment of deglutition, disturbance of phonation and articulation, abnormal function of respiration and circulation. In this case, a deviation from the usual course of the disease takes place, in that before the development of paralysis in the upper extremities nuclear symptoms become noticeable and the paralysis of the upper extremities commences at the time when symptoms of improvement in the bulbar symptoms are already present. The deviation from the usual course of the disease is not necessarly a proof against the diagnosis of acute descending paralysis. Landry points in his case to the absence of muscular atrophy and the electrical symptoms of such a condition. The case reported exhibits symptoms of commencing reaction of degeneration. The absence of muscular atrophy can be explained on the ground that it had not yet become visible on account of the short duration of the sickness. This one symptom is not sufficient to annihilate the correctness of the diagnosis—Landry's paralysis.

The fever in the case, the presence of albumen in the urine, the undisturbed state of mind, the clear sensorium, are all factors which in combination with the whole history of development of all the symptoms in the case, and also the absence of all signs of paralysis of bladder and rectum speak for the nature of the disease.

As to the probable anatomical lesion in this case, I should consider that the affection came under the head of multiple neuritis. The absence of paralysis of the bladder and rectum, the symptom of reaction of degeneration, the pain on pressure on the nerves of the head, face, upper and lower extremities, the flaccid condition of the paralyzed muscles, all these symptoms find an easy explanation in the diagnosis of multiple neuritis. The presence of paralysis of bladder and rectum does not necessarily exclude multiple neuritis. Cases of neuritis have been reported in which such paralysis was observed; I saw such a case two years ago. On the other hand, the clinical symptoms in the reported cases of Landry's paralysis are not always the same, but differ very materially. In some cases the absence of bladder and rectum paralysis is reported, in others its presence is mentioned. Muscular atrophy and its electrical symptoms are found in a great many cases. The negative results of post mortem examinations, where the case has been fatal, are not always kept up. If we bear in mind that at the time when Landry published his cases the microscopical examinations were not up to the standards of the present time, that the theory of the tendinous reflexes was not as yet known and that electric examinations was not as accurate as today, then we shall understand that the doctrine of

acute ascending paralysis now has another ground to stand on. Looking over the large number of reported cases of Landry's paralysis, we must come to the conclusion that for the present time the definition of Landry does not hold any more.

We know from our own experience of several cases of both ascending and descending paralysis, in which each particular case demands its own explanation. By considering the etiology and the pathological anatomy, we are enabled to compare the opinions of different authors on this disease, and by such a comparison we shall reach a point where we can make our classifications.

Of the etiology of Landry's paralysis, not much is known. Landry expressed in his own publication the belief that poisoning has to be considered the cause of the disease. Westpnal and several others came to the same conclusions, basing their views on convincing reasons. A great many points led to the assumption that here a toxic or infectious process was at work. In a great many cases, enlargement of the spleen, swelling of the lymphatic glands, hæmorrhagic foci in the lungs and the intestines, albuminuria, etc., were found. Baumgarten, Curschmann, Centani and Eisenlohr have described cases of this nature. Baumgarten published a case in which anthrax infection was observed where the bacilli were found in the blood and in the tissue fluids. Curschmann speaks of a case in which, without previous symptoms of typhoid fever on the mucous membrane of the ileum, typical typhoid lesions were found, and at the same characteristic bacilli in the tissue of the spinal cord. Centani had a case in which, besides interstitial neuritis, bacilli were found in the endoneural lymphatic space.

The anatomical changes found in cases described as Landry's paralysis are very different. In a great many cases the post mortem results were entirely negative, corresponding to Landry's and Westphal's definition of the disease.

In some cases, disseminated inflammatory foci were found in the medulla oblongata (especially in the pyramidal tracts), exudations or capillary hæmorrhages in these parts; in other cases similar or the same changes in the spinal cord were observed, particularly a swelling of the axis cylinders in the white substance of the anterior lateral columns was a prominent condition. Very often the characteristic signs of a slight poliomyelitis were present. In one case, only a degeneration of the anterior root of the spinal nerves was found; in still another, a small myeletic focus and peripheral neuritis.

Since attention has been directed to the peripheral nervous system, neuritic precesses have been frequently met with, and therefore a great many authors have considered these neuritic changes as the substrata of the whole precess.

On the different anatomical changes in the nervous tissue, no uniform explanation of the disease can be made.

Oppenheim expresses the opinion that the complex of symptoms can be traced back to toxins, which in the majority of cases are products of bacteria. Therefore, he argues, the possibility of its development in diphtheria, typhoid fever, anthrax, influenza, etc., exists, probably also in septicæmia. He has described a case in which a man had Landry's paralysis after an injury from a horse sick with septicæmia. Alcohol and syphilis were etiological factors. Furthermore, Oppenheim comes to the conclusion that it is very doubtful whether or not the mere entrance of microorganisms into the spinal cord, the medulla oblongata and the peripheral nervous system can cause the symptoms. He believes that the poison which causes the disease has its injurious effects on the motor tracts of the spine, medulla oblongata and peripheral nerves, that poison is able to cause paralysis without visible anatomical lesion of the affected parts; and that the same poison in some cases produces an-

atomical changes visible through a microscope, such changes sometimes to be found in the motor tracts of the medulla oblongata and in other cases in the peripheral nerves.

The vasomotor centre and tract are, as a rule, very little damaged, therefore hardly any muscular atrophy is observed. Oppenheim opposes the idea of Gowers, who believes that especially the gray substance of the anterior horn, the final branches of the pyramidal tracts, are affected. He comes to the conclusion that in the affection that has been called Landry's paralysis we have to deal with a disease which can well be distinguished from other similar morbid processes. Cases which deviate from the type as described by Landry come mostly into close relation to multiple neuritis, an affection which has the toxic infectious base in common with Landry's paralysis. Oppenheim does not believe it admissible that Landry's paralysis should be entirely identified with poly-neuritis and considered as such. Leyden distinguishes between two forms of Landry's paralysis—the bulbar and the neuritic form. Solly, in a paper published in the *Berliner Klinische Wochenschrift,* No. 12, 1894, gives as the result of his investigation that cases running their course under symptoms of acute ascending or descending paralysis belong in the majority of cases to polyneuritis acuta; that some of the cases are caused by acute myelitic or metencephalic foci or by the combination of these different affections; and that there are other cases in which some cause impairs the nervous function without leaving any anatomical change discoverable through the microscope. This last form would correspond most nearly to the original definition of Landry's paralysis.

The etiology which I bring before you in the reported case is very complicated. Has the trauma, the falling on the sharp edge of a board, injuring the left testicle, anything to do with the disease? Can anything as to the cause of the disease be found in the application of snuff tobacco? The snuff was examined to see whether or not it contained lead; no lead was found. Nicotine poisoning can be excluded. The patient had no symptoms of lues, nor alcoholism. He admits having had a gonorrhoic infection, but should gonorrhoic infection which occured eight years before the disease appeared have anything to do with the disease itself? The injury to the testicle, followed by the painful swelling of it and of the spermatic cord, may have caused a process of inflamation in the spermatic nerves, resulting in an ascending neuritis of the same side, at the same time producing the same process in the spermatic nerves of the other side, extending itself over the nerves of the lower extremities, trunk, bulbar region and upper extremities. The relation between gonorrhœa and some rheumatic processes has been very often spoken of; should it therefore be possible that the poison which in gonorrhoic infection is liable to produce rheumatic attacks should remain in the organism for some time and become injurious if by some accident it is thrown into the system? The injury to the spermatic cord perhaps detached or liberated an old gonorrhoic focus, bringing it into circulation and giving rise to gonorrhoic neuritis, which runs the course of a rheumatic polyneuritis, accepting in its course the symptoms of ascending neuritis.

This is my explanation of the etiology in this case as I have reported it. Gonorrhœa eight years ago, which may have left a product of this affection in the neighborhood of the infected part; this product, having become encapsuled so as to become isolated, quasi latent, is brought again into contact with the organism, in which no pathological process so far was going on, by a trauma, in this way causing the development of the peculiar complex of symptoms called ascending paralysis.

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THE CURABILITY OF DEAFNESS.

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In the eyes of the lay public, deafness is looked upon as an individual disease of some sort, all cases of which fall more or less into the same category. The aurist is frequently asked if he can ever really cure deafness, and depending upon what has been the patient's own experience or that of his friends, he may have either an entire lack of confidence, or an overwhelming faith in its curability. It is often difficult, even with the aid of some medical skill, to decide the matter in a given case, so that where there is an entire lack of knowledge as to the means by which curable and incurable forms may be distinguished, confusion as to the probable result of treatment is not to be wondered at. The purpose of this brief paper is to indicate in some degree, how an intelligent prognosis may be arrived at in any case coming under our observation.

It is true as a general rule, that long standing cases of deafness are incurable, and that those of recent origin may be relieved by appropriate means, although we shall find many exceptions to this. For example:

Case I. Some years ago a lady aged 48 years, consulted me concerning a deafness of one ear of some fifteen years standing.—The hearing power was very much reduced in that ear, though quite normal in the other. Upon lying down, with the normal ear upon the pillow, the deafness of the other was such, that all ordinary noises about the house, such as the voices and other sounds of children, the striking of clocks or the ringing of bells, were not heard, and in this respect, what was otherwise an infirmity, was a circumstance of real convenience. Examination of the ears showed the external auditory canal of the affected ear to be filled with a mass of hardened wax. This was removed at one sitting with immediate and very great gain in the hearing, which however, did not rise to the normal acuteness. From a practical standpoint, the result of treatment was an immediate cure, although the restoration of hearing was not absolute. The patient was surprised, and at first delighted with the benefit gained, but a certain doubt afterward crept into her mind, since she could no longer take her daily nap in undisturbed tranquility. She had lost the means of escape from the noises which disturbed her siestas.

On the other hand, cases come for treatment in which the deafness is of comparatively recent origin, yet in which the hearing steadily declines in spite of any treatment that can be given.

I think the secret of an accurate prognosis in any case of deafness lies an understanding of the pathological conditions present. There are certain tissue charges occuring in disease, which both by experience and to some extent upon rational grounds, we have come to recognize as curable or self-limiting. There are others, which on the contrary, we believe to be beyond the limits of a possible restitution; while between these two classes of changes are others, concerning which we are still in doubt. Thus hyperæmia, anæmia, simple inflammatory states, and some purulent ones, certain swellings or infiltrations of tissues, exudations and impactions belong to the first class. Atrophy, some hypertrophies, sclerosis with the substitution of connective for other tissues, the actual death or loss of tissue, degeneration, etc., belong to the latter class.

Now, perhaps three-fourths of all cases of deafness have their origin primarily in a catarrhal condition of the aural passages, and in many of these, this condition itself is secondary to a naso-pharyngeal catarrh. A child, who may never have shown any affection of hearing, catches a severe cold and is noticed by

its parents to have become suddenly deaf, without any other marked aural symptoms. Upon examination we find the tympanic membranes slightly congested perhaps, and retracted more or less, while the naso-pharynx exhibits the usual signs of an acute catarrhal inflammation. If we could see the Eustachian tubes, we should find their lining membrane reddened, thickened and covered with a tenacious mucous discharge, more or less glueing their surfaces together and preventing the normal opening of the tubes upon swallowing, which serves to equalize the intra-tympanic air-pressure. The tympanum itself might show the indications of an acute catarrhal state, even to the presence of a fluid exudation within it, mechanically imparing the elastic functions of the ossicular chain. Such pathological states belong essentially to the class of curable ones, and clinically we should find no great difficulty in restoring this child's hearing by a combination of simple mechanical and medicinal means, or even by mechanical means alone, aided by the natural tendency of the system to recover from such an illness. When we have relieved the symptoms immediately present, and the hearing is restored, our entire duty to the case is not fulfilled. Such attacks are prone to recur, since the predisposing causes, both local and general, usually remain. If there is a constitutional dyscrasia, the appropriate remedies should be administered. If there are local abnormalities, warranting such interference, they should be corrected, and if there are hygienic defects to remedy, these should be attended to. Only in this way may a cure in the fullest sense be made, although in practice, when once the deafness has been relieved, and the child is out of its present troubles, it is not always easy to persuade parents of the necessity of further attention. If such cases receive no treatment whatever, they will generally get well spontaneously, with however, a slight persistent loss of hearing, and by the repetition of the experience, a further loss occuring each time, the patient eventually becomes continuously more or less deaf. The following case illustrates this:

Case II. A little girl 5 years old was brought to me June 8th, 1900, for a deafness dating three years back, beginning in an attack of measles, and since steadily made worse by repeated colds. I found the hearing for the watch reduced to ½ in. or about 1-80th, of what it normally should have been, while for the spoken voice, the child's hearing, although not reduced quite in this proportion, was very defective. Here, those pathological changes noted above in the acute cases, had probably become transformed into chronic states of like character. Thus, instead of simply swelling due to an easily absorbable infiltration, there was probably a more resistant hypertrophy or hyperplasia, not promising so ready or so complete a resolution. The prognosis was accordingly guarded as to the completeness with which the hearing might be restored, although it was reasonable to assume much benefit as likely to result from treatment. The patient was treated by means of inflations of the middle ears with compressed air carrying a medicated vapor, and the use of the author's Rotary Aural Masseur. After the first treatment the hearing for the watch rose in the right ear to 1-1½ in., and in the left to 2-3 in. In two weeks, after a half-dozen treatments, this had increased to 18 in. in the right, and 8 in. in the left ear, and in a month more, the hearing for the watch was a little less than normal, while for the voice it was so good that if there was any defect, it was practically unnoticeable.

In cases of purulent inflammation of the middle ear, a very common condition, we have deafness arising from several conditions. First, the discharge itself blocks up the canal, surrounding and interfering with the vibrations of the tym-

panic membrane and ossicular chain, and second, the tissues within the tympanum become altered in character as a result of the continued inflammation, losing thereby more or less of their normal elasticity. Third, there is always some loss of substance in the membrane which of itself may or may not be of importance so far as the hearing is concerned. And further, there may be carious or necrosed conditions of the ossicles or tympanic walls with permanent loss of substance and the formation of disastrous scar tissue and adhesions. Nevertheless, in recent and mild cases, the results of treatment may be satisfactory. Such a case is the following:

Case III. A girl aged 11 was brought to me March 14, 1901. She had been ill with the grippe about a month before this time and had been confined to the bed for two weeks. During this time the hearing was considerably affected. Then, after some earache, there was a purulent discharge, first from the right, and afterward from the left ear. This had continued for some two weeks prior to the time of her visit, and the deafness was very marked, so that the voice could be heard only when it was very loud, and the speaker close to the patient's ear. The hearing for the ticking of the watch was entirely lost. There was a slight discharge present from each ear when I examined her. The ears were thoroughly cleansed by wiping; the middle ears inflated, bringing some additional discharge into the external canals through the perforations in the drum-heads, and a small amount of dry boracic acid was blown into the external auditory canals. After the first treatment, before the boracic powder was blown in, the hearing for the watch had risen to 1 in. The discharge stopped in a few days. In about five weeks, the hearing having steadily improved with each treatment, there was no longer any perceptible deafness for the voice, while for the watch it had risen to 25-30 in., and the case was practically cured.

Many cases of deafness belong to a type altogether different from the foregoing. The hardness of hearing commences and progresses so insidiously that the patient has already lost considerable hearing power before being fairly aware of the loss. There are often subjective sounds in the ears, variously described as humming, singing, rushing, roaring, buzzing, etc. There are no special symptoms of naso-pharyngeal catarrh. The tympanic membranes show no particular changes in position or character, and in short, external signs may be altogether lacking to account for the difficulty. In the hands of the expert, the functional tests with the tuning fork give certain characteristic indications, but the general practitioner is not usually familiar with these tests. If we were able to examine the intra-tympanic and labyrinthine structures however, we should find some very marked changes. There would be found in the tympanum proliferations of connective tissue, immobilizing the ossicular chain; perhaps an anchylosis of the foot-plate of the stapes in the oval window; proliferations about the round window preventing its normal elastic movements; or in the labyrinth, what is called a "spongy" degeneration, all of which changes belong to that class of tissue alterations from which recovery and the restitution of normal structure seems, in the light of our present knowledge, impossible. It is not surprising then, if such patients seek in vain for relief, and that our efforts to restore their hearing meet with so little success. Cases illustrating this type of deafness are numerous enough to be familiar to you all without the necessity of my detailing the special history of one.

With care in the diagnosis of all cases of deafness applying to us for relief, we may usually be able to differentiate the curable from the incurable, if we keep

the pathological conditions well in mind. Cases occur however, in which a prognosis cannot be made, that is, we cannot tell whether or not the hearing will improve, or just how much, until the patient has been under treatment for some time. A candid statement to the patient of his prospects for relief, it seems to me, should be given without solicitation. I believe there is no other honorable or satisfactory procedure.

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CLINICAL DATA RELATIVE TO INEBRIETY.

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The study of the effect of alcohol upon the human system received a new impetus, when recently the N. Y. Academy of Medicine devoted two evenings to the discussion of the subject, together with the critical study of a large number of cases received at Bellevue Hospital by Dr. Charles L. Dana. The latter in his report shows the limitations of the life of the drunkard, also of the periodical inebriate; the maximum capacity of the human body for alcohol; the methods of prevention; the necessity for a special law for the commitment and care of inebriates together with the treatment, temporary and permanent, of this class.

Of 350 cases studied in relation to heredity, he found that drinking habits existed in one or both parents, in all but ten per cent. In a study of 1,560 cases relative to occupation, he found the following:

Professional men	54;
Clerks and Salesmen.....	239;
Tradesmen	387;
Laborers	589;
Waiters	64;
Painters	64;
Liquor dealers	50.

In a study of 210 cases, relative to the age at which the drinking habit began, among 30 periodical drinkers, two-thirds began drinking before 20 and all began before 30. The investigations show that the habit is formed before maturity.

Dr. Dana also cites some striking examples of besottedness, viz.: A man of 28, a dealer in liquors, drank seven or eight pints of champagne and seven to fifteen glasses of beer daily, for eight years. Then he replaced the champagne with twenty or thirty drinks of whisky. Fnally he took up the cigarette habit and this began to finish him. He could no longer stand the drinking, but had an attack of cerebral automatism, and began to develop criminal tendencies.

A man fifty-five years old confessed that he had been drunk twice a day for three years, making about two thousand intoxications. He got home to dinner in a semi-drunken condition from whisky and went to bed in a similar state from beer.

A man of thirty had been drunk every night for a year and a half.

A man of forty-six had been drunk fortnightly for twenty-five years.

A man of forty had been drunk weekly for twenty years.

A man of forty-three had been drunk a thousand times in fifteen years.

A man of fifty had been getting intoxicated daily for about six months in the year since he was seventeen.

It seems that the capacity for men to get drunk over a thousand times is rare, and that two thousand is the maximum limit in an ordinary inebriate experience.

Drs. Roseburgh of Canada, Crothers of America, Norman Kerr of England, Forel of Switzerland and other scientific investigators and clinicians have done much to place the study and treatment of inebriety on a scientific basis. The medical superintendents of every hospital for the insane meet with quite a large percentage of what may be termed moral delinquents. They are on the borderland in regard to physical and mental

health. In their surroundings may be the breeding-ground of neurotic degeneration; they require hospital or asylum treatment. In another although less pronounced class, the use of alcohol is preceded by an irritable and exhausted condition of the system and the sudden removal of spirits is followed by acute delirium. In a third class are periodical drinkers who drink to excess at intervals. In a large percentage of these, investigations have shown that at least one parent has suffered from some form of neurotic degeneration. In a fourth class are often found young men, whose surroundings may be conducive to drink. They may be sons of wealthy parents, or, possibly, having inherited plastic or yielding dispositions, they may be the victims of convivial companions. The fifth class take to drink from over-work and general neglect of healthy living. They are often found among business and professional men who are working under high pressure and are generally satisfactory to treat, as they are amenable to treatment and prolonged rest.

The sixth is a not very frequent class, where inebriety is due to an injury of the brain, caused by blows upon the head.

In a seventh class are what are known as Dipsomaniacs; In this class the desire for drink becomes a mania. The patient loses respect for himself, neglects his duty to family and community. The appetite for drink becomes a disease, overpowers every other desire and he is completely enslaved. The treatment of inebriety must be based upon the above divisions and may come under two heads, the ideal and the practical; the former in an institution with good medical attendance and nursing; the latter or practical, home treatment.

In a recent report on heredity presented by Dr. T. D. Crothers are given some interesting facts based on the study of 1,744 cases of inebriety. Of these 1,744 inebrieties, 1,080 had a distinct history of heredity; 430 of these he classes as direct heredity, where the drinking of parents or grandparents reappeared in the children.

The second class he terms indirect heredities and 224 of the 1,080 were put under this head. They usually were persons whose grandparents, one or two generations back, had been moderate or, on occasions, excessive drinkers.

In the third classification, psychopathic heredity, he places 290. These cases are psychopaths or persons in whom some defect of brain and nervous system seems to persist for generation after generation. Some of the most brilliant men of the country belong to this class. Paralysis, epilepsy, hysteria and many of the obscure insanities alternate one with another. The sons of most excellent parents may become the most degenerate inebriates, and the children of these degenerate parents become model temperance men. This class furnishes the most interesting, confusing and least understood of all the hereditary cases of inebriety. In the last classification, epileptoid types of heredity, are grouped 49 persons. They were not altogether periodical drinkers, their alcoholic symptoms being always sudden and unexpected. The ancestors of these persons were always noted for sudden, explosive nerve energy. From this class come persons who have periods of "sowing wild oats."

The careful statistics of the Swiss Confederation show that about one-third of the male inmates of insane asylums, one-third of the male suicides, and one-tenth of the men who die at twenty or more, at least in the larger towns of Switzerland, are due to the alcoholic drinking of the victims. Ten families of drunkards produced fifty-seven children, twelve of whom died in infancy, thirty-six were either idiotic, misshapen or had serious nerve trouble; only nine remained nor-

mal. Ten sober families produced sixty-one children, of whom five died in infancy and fifty remained normal; only six were either somewhat undeveloped, defective or had St. Vitus' dance.

About the middle of the eighteenth century, a drunken woman gave birth to a number of children. A few years ago Professor Pelman ascertained the number and career of her descendants. Among 709 of them 106 were of illegitimate birth, 142 were beggars, 64 were supported by the municipality, 181 were female prostitutes, and 76 had been sentenced for crime, including seven murderers. This melancholy brood had cost the state five million marks. There had been 125 other descendants of whom nothing could be learned. This case demonstrates how much of the wretched element is produced and increased by means of alcohol and refutes the statement of those who declare that alcoholism exterminates the descendants and so eliminates the degenerates from society.

Treatment such as the physician can render to dipsomaniacs and at the same time allow him or her to have freedom is generally only temporary. This is one reason why a very large per cent. of those who have taken what is popularly known as the "jag cure" relapse; and it is well known to those who have observed this class that every relapse leaves the victim with less will power to resist the temptation to drink—consequently in a much worse condition. For the majority of cases that take treatment require restraint. To produce emesis, cause narcosis and administer remedies to counteract the craving for drink are but temporary expedients. The ideal treatment is institutional, and supervision not for a month, but for a year, is needed—insuring absolute abstinence from spirituous liquor in all its forms—with subsequent supervision for a year longer. The "cures," heralded with great display, have for their basis, Strychnine, Atrophine and Apomorphine, combined with tonics, laxitives and liquid diet, and psychological influence on the patient very ingeniously exercised.

How to carry out proper treatment long enough to be of lasting benefit to the alcoholic patient is often puzzling to physicians and interested friends. The treatment is not compulsory in our state. Inebriates as a class are impulsive, not very appreciative, impatient of proper restraint, and nearly always overestimate their ability to withstand the temptation to drink.

Clifford and Bagley.
Detroit, Mich.

Adrenalin Chloride as a Hæmostatic.—Dr. Charles P. Sauter, writing in the *Southern Practitioner,* gives some interesting account of the use of this compound. He says in part: "One case was carcinoma of the superior carotid triangle. After the administration of chloroform had begun, and about twenty minutes before I commenced to operate, I injected around the growth thirty minims of the 1:1000 Solution Adrenalin Chloride. To my surprise the first incision was bloodless, and this feature prevailed during the entire operation. Occasionally, as I proceeded, a little oozing would take place, but in every instance the application of the Adrenalin Solution by means of a pledget of cotton controlled immediately. Not only was capillary and venous oozing keept in check, but the Adrenalin served as a stimulant to the patient who, though sixty-four years of age, kept under the influence of the anæsthetic for fully two and a half hours. The perfect control which I was enabled to exercise over the bleeding in this case facilitated the complete separation of the growth from the surrounding structures; reduced materially the risk of injury to adjacent vessels, nerves and muscles; and obviated the necessity of continually mopping the wound, thus shortening the period of anæsthesia and consequently minimizing the patient's risk. The tumor was removed two weeks ago and the patient will soon be discharged. My friend, Dr. T. S. Dabney, witnessed the operation, and I am sure that he will confirm the statement that not more than a tablespoonful of blood was lost in all."

GALVANISM AND DIABETES.

BY F. C. THOMPSON, M. D.,
East Tawas, Mich.

I have long been of the opinion that patients suffering with diabetes prior to adolescence—i. e., before the fifteenth year—owe the diseased condition primarily to some disturbance or derangement of the central nervous system; also that the same cause is operative in the adult, but by reason of the fact that other organs are so speedily and coincidently involved, the mode of treatment outlined in this brief paper, will be of little value, except perhaps in the way of palliation. I have had no opportunity to test my theories or the treatment accurately or conclusively; but in one instance, an adult, the relief afforded was so remarkable that I feel constrained to report the same, to the end that some of my *confréres* may take the matter up and work out the theory to some definite conclusion. The method I suggest, and which I have reason to believe will prove specially effective as regards diabetes is merely: Lying at ease in a quiet room; fixation of vision, and galvanism of the cerebrum by means of the "ascending current."

A woman aged thirty-four presented herself with diabetes. Though not deemed a favorable subject for experiment—not alone on account of age, but because of obstruction of portal circulation that had culminated in ascites so great as to render any attempt at examination of the abdominal viscera futile,—it was decided to try this method, particularly as it alone presented any chance of relief. Tapping I did not dare suggest, inasmuch as the slightest untoward result would ensure the patient being removed from my care.

A large oval piece of sheet copper was hammered out to fit the occiput, to which were added flat pieces to embrace the cranium as far forward as the hair-line, and on the sides to the mastoids, these slips being retained in close contact by means of rubber bands. To this cap was attached the "positive" wire, while the "negative" terminated in a large disk of the same metal applied to the umbilicus. A Willm's current-controller was added to the circuit along with a milliampére-metre registering as low as one-tenth milliampére.

Five minutes were allowed at the first treatment to bring the current up to four milliampéres, where it was held for the space of sixty seconds, and then reduced gradually to zero during five minutes more. Daily this application was repeated, each time allowing the full current to be maintained at four milliampéres for sixty additional seconds, until it could be borne for five full minutes; thus, latterly, the entire procedure covered a period of fifteen minutes. This treatment was persisted in for one week, with a daily analysis (quantitative) of the entire urine passed during twenty-four hours, but no decrease in the amount of sugar could be detected; at the same time a control test was employed by means of a sugar solution of known strength.

The current was then reversed, applying the "negative" to the skull-cap and the "positive" to the umbilicus. The secretion passed during the following twenty-four hours was heavily loaded with phosphates, so much so as to present a milky hue. On the third day the contained sugar was appreciably lessened; on the fourth the excess of phosphates wholly disappeared and did not again return; and with each consecutive application of electricity after the third day the sugar diminished until at the expiration of a fortnight it was entirely absent. The patient now expressed herself as feeling immeasurably better, and was able to assist in the duties about the house where she resided. The amount of water passed during twenty-four hours varied from three to four pints. Cardiac action was greatly improved, but the ascitic condition showed no change—for the reasons already given, the operation of paracentesis was not suggested.

Finally, the patient decided to return home, and nothing could shake her determination; consequently she passed from under my charge. Of what transpired during the interval that elapsed between this time and her death, I am not in position to speak definitely; but I am informed that she suddenly, some three weeks later, experienced an attack of dyspnœa accompanied by severe pain in the hepatic region, with symptoms pointing to the passage of gall-stone; also that the urine was examined by her medical attendant and found to present its original percentage of sugar. The ascites now increased; the pain referred to in the region of the liver was never absent; and death followed some ten days later.

In my limited field I have, as yet, failed to observe diabetes in the child, and may never have an opportunity to do so; consequently the facilities to continue the research along this line, and to verify or disprove my theory, are problematical. For this reason I offer my views, along with this experience, to the profession for what they may be worth and with the hope that others may take up the subject and carry it to some definite conclusion. I will only suggest the advisability of the patient being nourished with the greatest regularity by means of an albuminous diet—feeding, say: On rising; again at 10 a. m.; at 12 m.; at 4 p. m.; and, finally at bed time. An albuminous diet is suggested, not so much as to avoid starches and sugars as because of the hyperchlorhydia invariably present in diabetes. No meat should be allowed save "Salisbury steaks." Of course variety is required so that the palate may be tempted and satisfied, at the same time avoiding cloying of the appetite; and it goes without saying that all starchy foods need not be rejected, though good judgment must countenance their selection and employment.

East Tawas, Mich.

Points in Appendicitis Diagnosis.—Curschmann, the often-quoted German authority, sets down the following rules in the *Münchner Medicinische Wochenschrift:* In the great majority of cases the simple forms of appendicitis may be distinguished from the suppurative ones by a white-cell count, and this holds true especially where the physical signs and temperature curve are uncertain. The simple cases show an absence or only slight increase of leucocytes and their number generally falls to or nearly to normal in a few days. High counts in these cases may, however, occur in the beginning of the disease; the number, however, rarely exceeds twenty to twenty-two thousand, and if the number of leucocytes remains high and other lesions, such as pneumonia, may be excluded, abscess-formation is almost certain. If an operation is performed, a count near the normal will soon be obtained, provided free drainage takes place even if this occurs into the rectum or some other hollow viscus. A methodical examination of the blood in all these cases is a much more trustworthy guide than the fever curve. Concerning cases in which small abscesses undergo a spontaneous cure or where perforation into the peritoneal cavity takes place, the author has no experience, but it is probable that in the latter the number of white cells rapidly sinks to or below the normal.

Vioform for Iodoform.—Krecke, writing in the *Müenchener Medicinische Wochenschrift,* recommends vioform very highly as a substitute for iodoform. According to his idea it is equal to the latter, or better than it, in all the conditions for which it can be used. Vioform chemically is iodochloroxychinolin. It is neutral in reaction, yellow in color, and entirely odorless. It has the advantage of keeping the wound dry. Physiologically it is remarkable chemotactic, for when injected beneath the skin of animals, it produces an aseptic abscess.

MYXŒDEMA—A CASUISTIC CONTRIBUTION FROM THE DETROIT SANITARIUM.

BY MAX BALLIN, M. D.,
Detroit, Mich.

William Gull (*) described first in 1874 a complex of symptoms which he called a "cretinoid state supervening in adult life in women, on account of great resemblance to cretinism." The main feature of the condition was a peculiar œdematous swelling of the skin, combined with mental and bodily symptoms. In 1887, Ord (**) made examinations of five cases of the same condition. He referred the symptoms to a diseased condition of the thyroid gland and introduced for the same the name "Myxœdema," because of the mucin yielding characteristic œdema of the skin. Since then many publications about this disease have appeared of which two have to be mentioned as especially important: In 1883, Kocher (†) of Switzerland described a similar condition following total exstirpation of Goitre, and called the same "Cachexia strumipriva;" and Reverdin (††) called attention shortly afterwards to the similarity of the Myxœdema of Ord and the Cachexia strumipriva of Kocher.

Both conditions were attributed to loss of function of the thyroid gland, in one case by operative removal, in the other case by disease of the gland. Soon it was learned that Cretinism was nothing but myxœdema, either congenital or acquired in early life. This short historical sketch is finished if we add that after the disease was known only 16 years not only etiology and pathology were thoroughly laid open but also a specific therapy was found, namely, the transplanting of the thyroid gland from animals or feeding with thyroid extract. This was suggested by von Eiselberg (‡) in 1890 as treatment of cachexia strumipriva after operation, but it was also successfully applied by others in the other forms.

Just as interesting as the eventful history of the disease is the symptomatology. We differentiate as I have already mentioned:

1. Congenital or infantile form: "cretinism."
   - (a.) Sporadic.
   - (b.) Endemic.
2. Acquired form.
   - (a.) Caused by total operative removal of the thyroid gland called "cachexia thyreopriva or thyroid-ectomica."
   - (b.) Caused by disease of the thyroid gland "Myxœdema or cachexia thyroidea."

The common symptoms of the affections concern first and mainly the skin, then the temperature of the body, and the mind. The skin shows the most characteristic symptom—an œdema of a very peculiar kind. It is solid and takes no impression from the finger, as the dropsical œdema. This myxœdema is more or less general over the whole body. I omit the chemistry of the œdema because it would take too much space for a short sketch. The skin is dry and rough, the hair thin and falling out. The temperature is low. Even degrees of 77 and 66 Fahr. were recorded in some cases before death. The mental symptoms are slowness of comprehension, slow speech and clumsy gait. In the congenital or infantile type, "cretinism," mental development is arrested. These are only the main symptoms of myxœdema which we will follow up on a case I have at present under observation. As far as I can learn there are about 350 cases of myxœdema on record, the most from English authors. I do not believe that there are many observations of the

(*) *Clinical Society Transactions*, London, Vol. VIII, 1894.

(** *Medico-Chirurgical Transactions*, London, 1877.

(†) *Langenbeck's Archiv.*, Vol. 29, Berlin, 1883.

(††) *Revue Medicale de la Suisse*, 1884.

(‡) *Ueber Tetanie im Anschluss in Kropfoperationen*, Berlin, 1890.

kind in Michigan (‡‡). Therefore I believe the following case worthy of publition:

I saw the patient first on Nov. 11, 1901. Dr. H. Graham, of the Detroit Sanitarium, consulted me about the large swelling of the patient's left hand, which would not yield to any treatment. I took on that day the following ananmesis and status of the case:

G.—B—, 54 years old, a native of Switzerland; has been 21 years in America and nearly all this time in Detroit. In his family history nothing of any reference to the present condition. Forty years ago dislocation and fracture of the elbow; spring of 1900, dislocation of the shoulder; had gonorrhœa, no syphilis. B— noticed some swelling of feet 6 years ago. Three months ago noticed a swelling on the second and the third finger of the left hand, which soon extended over the whole hand, and caused great neuralgic pains during the night. He stated that he felt well otherwise and noticed no alterations of his mental power and memory. His only complaints were the pain he felt in the swollen hand, especially during the night, and also some numb feeling in the swollen fingers.

He is a small man, 5 feet 2 inches high; weight, 135 pounds;—left elbow disfigured by old luxation and fracture, but free in motion. The left hand shows a soft swelling, especially in the palm, the finger sausage-shaped.

The swelling of the skin is soft, elastic, does not retain impression of the finger and extends up two inches over the wrist. The right hand shows the same swelling in lesser degree; the legs are swollen mainly in the lower third, skin all over the body seems thickened in the subcutaneous tissue, it is dry and scales somewhat. Cheeks swollen and do not move in speaking, whistling, etc. Eyelids also swollen, particularly the lower ones, which hang down like a sac. The whole face is without expression on account of the swollen and immovable skin; slight exophthalmus increases this stupid impression. Pupillar reflexes are slow. Patella reflexes hard to produce and slight pressure on the arm nerves, especially on the left ulnaris, very painful. No swelling of tongue; teeth defective. Temper., 97; pulse, 84; Heart, not abnormal; Lungs, normal; Urine, Spec. gravity, 1.007: no albumen; no sugar. Large double-sided scrotal hernia. Thyroid gland not palpable, although one can feel very distinctly all other details of larynx and trachea.

(The blood examination, (*) I am sorry to say, was only made after some thyroid extract had already been given and it did not show any abnormities.)

The symptoms leave no doubt about the diagnosis. The peculiar swelling of the skin; the low temperature, which went down to 94 in the course of observation, are sufficient to warrant the diagnosis of myxœdema. The case offers the usual symptoms, the only peculiarity consisting in a very prominent swelling of the left hand, so that it attracted attention first here and appeared like a tumor. Further the volar side of the left hand was far more affected than the dorsal. The opposite is recorded in most of the cases in the literature.

The influence of thyroid extract on which the patient was put was most remarkable and interesting. Twenty-four hours after beginning to take 2½ gr. of thyroid extract the otherwise subnormal temperature rose to 101°; the pulse to 120; also a slight enteritis (colic pain, diarrhæa) appeared. After stopping the drug, pulse and temperature dropped immediately from 120 to 64 respectively, from 101 to

(‡‡) *At the meeting of the Detroit Medical Society of Jan. 8, 1902, Dr. A. W. Ives mentioned a case of cretinism observed by him in Detroit several years ago.*

(*) *Dr. Thaddeus Walker, Clinical Laboratory, Detroit.*

subnormal, down to 94. The same changes could be produced again by giving and stopping the drug. Patient now takes regularly 5 gr. thyroid extract three times a day and this keeps his temperature and pulse nearly normal. If I may tabulate this peculiar affect of thyroid extract:

	Temp.	Pulse.	
Nov. 11	96 2-5	84	
" 12	97	80	
" 13	99 2-5	96	Thyroid ext.,
" 14	101	120	2½ gr.
" 15	101	120	
" 16	98	64	Drug stop'd.
" 17	96 2-5	64	
" 18 A.M.	94 3-5	70	
" P.M.	94	68	
" 19	95 4-5	72	Thyroid, 3 gr.
" 20	97 2-5	60	Thyroid, 6 gr.
" 21	97 3-5	72	

The very low temperature of 94 on Nov. 18 existed without any alarming symptoms. Patient felt very well and was out of bed in spite of low temperature. After the patient took thyroid extract for about 2 months with the noted short intermissions for the diagnostic purposes: the swelling of the skin was reduced remarkably; the circumference of the left hand went down from 9 to 8 inches; of the 4th finger from 4 to 3 inches; of the leg, from 11 to 10¼ inches, measured always on the same places. The temperature remained 97° to 98° and did not go to 94° in 5 weeks; that is, three weeks after commencing treatment. There was also some improvement of the slow speech and lazy gait.

In conclusion I wish to say a few words about the interesting questions as to the pathology of the thyroid gland. Our case shows what total exstirpation of the thyroid gland will do and many experiments on animals have proved that sickness, or removal of the gland causes serious disturbances in the body; first, nutritive changes in the skin (myxœdema); second, low temperature; third, alterations in the mental sphere. It is hard to say which disease of the thyroid gland causes the myxœdema in our case. To judge from palpation the gland was very atrophic. Post-mortem examinations in similar cases have generally revealed a kind of cirrhotic condition of the glandular tissue. As to the therapy, we saw also in our case that the introduction of thyroid extract into the affected body abates all the symptoms of myxœdema. But thyroid extract is a powerful remedy; as was shown by the reactions of temperature and pulse in this case. It should be given always in slowly increasing doses under careful observation of temperature and pulse.

271 Woodward Avenue.

Fracture Suggestions.—

Never apply a plaster splint to a compound fracture.

Treat the lacerations and contusions antiseptically.

The bandage is so applied that while holding the bones, it does not cover the laceration.

It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

A little massage will quickly compensate for a trifle of disturbance of the fractured ends.

If pus should form, use calcium sulphide and echinacea, or icthyol; keep bowels free and apply $H^2 O^2$, icthyol, etc., locally.

Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea; the surgeon.

Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay you for.—Boynton, in *Medical Journal.*

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

THE DETROIT MEDICAL JOURNAL CO.,

NOTE.—The management cannot undertake to return rejected manuscript unless sufficient postage is provided to cover the expense thereof.

Address all communications, of whatever nature, to 270 Woodward Avenue, Detroit, Michigan, U. S. A.

DETROIT, MICH., JANUARY, 1902.

COMMERCIALISM NECESSARY IN MEDICINE.

No other class of men is less well rewarded for a life of devotion and self-denial than are the medical men of the age. Out of the one hundred twenty-five thousand doctors in the United States, how many are there who make and save money? Men following other and less arduous pursuits are enabled to retire at the close of a business career with sufficient property to enable them to live in comfort and sometimes even in luxury till the end of their days; but the physicians who can do this are very few.

Unfortunately for the physician, the medical profession seldom sees combined in its members the two factors of ability as a practitioner and ability as a business man. This can undoubtedly be accounted for to some extent by the fact that the true doctor gives himself up to his work of healing, thinking little of the matter of recompense for his services. Commercialism does not easily develop in harmony with medical achievement. Our best physicians and surgeons must be men with a scientific bent and the very thing that makes them successful in the practice of their profession takes away from the practical business side, so necessary to the material success of the medical man.

How many physicians are there who collect their fees with the same regularity that the merchant uses? Not many. Why has not the doctor the same right to his pay that the business man has to his? Some physicians say that the merchant has already bought and paid for his goods and therefore has to be reimbursed in order to carry on his busines. Very well. But the physician has also bought and presumably paid for his education and his equipment, the means by which he is enabled to carry on his profession. He is entitled to reimbursement for his outlay, if the only commodity he has to offer,—namely, his services—is worth receiving.

The doctor who is a poor collector does not appreciate his own services at their full value and under such circumstances he must not expect a great many of his so-called "patients" to appreciate them, either. The physician, on the other hand, who has enthusiasm and strong convictions that he is fully conversant with his profession and must be paid for what he does usually gets his fee and with it the respect of the comunity. Only in this way can he obtain the means for carrying on his profession. In these days of elaborate equipment for physicians and surgeons, the new devices and inventions constantly being brought into use, considerable outlay is required for a practitioner who wishes to be thoroughly modern; and there is no reason why he should not be paid proportionately for the increased value of the services he is able to render with proper equipment. It is found that the physicians who send in their statements promptly on the first of the month or as soon as their services are no longer required—owing to the recovery (or death) of the patient—are successful men who are able to enjoy every advantage that prompt payment of their own accounts brings.

The medical man who is "too easy" has to go without the money he needs for a post-graduate course or for a change of scene—and nothing is better for a physician than to get away from home and his

"chronics" for two months out of the twelve if he can afford it. And in the majority of cases he cannot afford it unless he has collected the money due him from his patients.

Experience has taught the physicians that it is best to respectfully demand their fees within a reasonable time for services rendered—and a reasonable time can be determined by the customary time extended to the physician himself, when he wishes to make purchases.

Why should physicians give two to five years' time and then ask for their money when other people demand their pay from the profession at 30 or 60 days? A reasonable theory to go on is that if there is any patient of the class ordinarily described as a "dead beat" he won't pay at the end of any time, however generously extended, and the physician is just so much ahead by finding out early the patient's unwillingness to pay, saving himself time and a possible waste of medicine. There is a certain class of men who can and do pay small bills, but can't and won't pay large ones. Every physician has probably had patients who have owed them large bills and are then ashamed to send for them in time of illness, preferring to consult a new man. This is only one of the bad results of over-kindness on the part of the physician. Every practitioner has some charity patients; but it is much better to know in advance that the services rendered are to be set down to charity.

THE RISE OF THE SPECIALIST.

In every branch of modern professional occupation, the tendency toward specialization is becoming more and more clearly marked. Lawyers now have a special practice, engineers are announced as experts along some certain line, and the modern physician and his brother the surgeon are shining examples of the same condition. Oculists, of course, have been established in practice for many years; but the aurist, the nose and throat specialist, the specialist who performs only certain operations—these are comparatively new-comers into the special field. A walk through any one of the office buildings in which the modern practitioner of medicine or surgery loves to locate shows clearly enough the fact that the specialist is abroad. On every door there is a sign that calls attention to the fact that the man of medicine inside is ready to do a certain class of things better than the "general practitioner." If specialization keeps on much longer, and assumes greater proportions, we shall have no general practitioners left.

Specialists are of two classes—those who begin their medical career with the intention of devoting their entire attention to the practice of one particular branch of medicine or surgery and those who take up a specialty later in life. Of the two, the latter class is the more numerous and as a general proposition its members are better men. This is explained by the fact that the specialty practiced by them is the result of careful selection, based on experience of what branch of practice is best adapted to their individual temperament. Men who have, for example, met with unusual success in abdominal sections may justly feel that it is to that branch of surgery they should give their entire attention. The work becomes absorbingly interesting to them, for the reason that it is the work of all that they love best; and they are willing to give their very best to it. Specialists, on the other hand, who begin the study of medicine with the idea of taking up one special branch have not come to the determination of what branch they will devote themselves to by a careful observation of what they are best fitted to do.

Special practice presents many attractive features, not the least of which is the size of the fees which can be demanded and obtained. There is practically no limit to the size of the fee that can be

charged for a difficult operation, or for a successful special treatment of some malady. It may seem that the limiting of the practice would also limit the number of patients; but this does not seem to be the case, judging from the number of people waiting in the reception rooms of specialists. Then another feature of special work is the practical certainty of securing the fee. Few people come to consult a specialist without realizing that they are getting expert advice and being therefore ready to pay for it. Expert knowledge is a commodity whose worth is recognized; and while the specialist may have some charity work to do, this branch of his occupation occupies a relatively small place.

There can be little doubt that the rise of the specialist is of benefit to the profession. It puts a premium on expert knowledge, to begin with, a fact that will certainly accrue to the profession's advantage. It obliges other practitioners to devote their time to the development of some special branch of practice,—in self-defense. The time will come when the whole field of medical and surgical research and work is covered by a comparatively small number of physicians and surgeons, each an expert in his line and each confining his practice to one branch only. When that time comes—and it may be some time before the millennium—the profession will cease to be overcrowded. And that ought to be a prospect to make the heart of every physician rejoice.

ECLAMPSIAS.

The sight of a person in convulsions is generally terrifying to the laity who immediately, with few exceptions, go "off their heads;" and yet, in the great majority of instances the victim is in no immediate danger. Whether or not the convulsion foreshadows a serious ending depends upon a variety of causes. As a rule, the seizures are more serious in adults than in very young people with whom the activity of the seizure is usually in inverse ratio to the pathological lesion determining it.

Two requirements are essential to eclampsias: First, an unstable or unbalanced condition of the nervous system—the predisposing cause, and: Second, some factor sufficient to disorder the weakened nerve centres. The instability of the nervous system is more pronounced in children than in adults, and seems often to be hereditary—members of certain families being more prone to "fits" than others.

Again, certain chronic diseases of nutrition, such as rickets, are associated with an irritability of the brain and the spinal cord, and convulsions are peculiarly frequent in children suffering from such disorders.

Convulsions are also very common in the young at the onset of an acute fever such as scarlatina or measles. At that time no special significance obtains thereto, but when they occur later, and especially during an attack of scarlet fever, they may point to the existence of kidney disease. In whooping cough convulsions are sometimes induced by reason of insufficient aëration of the blood, owing to partial collapse of the lungs.

But, convulsions in children are, perhaps, most commonly the result of some disorder of the digestive tract, due to the presence of indigestible material in the stomach or bowels, or of intestinal worms.

Inflammation of the ear is another common exciting cause; but teething, which by the laity is blamed for so many "fits," very seldom is the cause at fault unless the eruption is exceedingly difficult and painful.

As in adults, so in children convulsions may be due to hysteria or to epilepsy; or they may be provoked by a great shock to the nervous system, such as

severe fright. Meningitis or cerebral tumors are also potent causes, in patients of all ages.

Whatever the cause, so far as youth is concerned, it is always safe to put the child into a not too hot bath—say at a temperature of about ninety-six (96°) or ninety-seven (97°) degrees. Nerve sedatives are also, usually, prescribed in the hope of preventing a recurrence, but first of all, if the cause can be discovered, its removal is imperative.

EDITORIAL NOTES.

American Tuberculosis Congress.—

This association is announced to hold its third annual session in New York City this year on May 14th to 16th, inclusive, meeting jointly with the Medico-Legal Society. Six sessions for the transaction of business and the presentation of ideas will be held in all, with no evening session except on May 15th, when the annual banquet is to be held. In view of the fact that a large number of visitors from out of the state is expected, the committee thought it best to dispense with night meetings, leaving the evenings free for the amusement and entertainment of the delegates.

Four symposia have been arranged, each one dealing with some aspect of tuberculosis control, and in charge of a special committee appointed for the purpose of arranging the opening paper and the sequence of reading. Many of the members on the roll last year have announced the titles of their papers and a larger number have sent to the secretary the announcement that they would present papers, titles to be announced later.

The plan is to constantly increase and widen the sphere of the Congress, and already six governments have named their delegates, while a large attendance from the Dominion of Canada is assured. The enrollment of the society is open to members of both the medical and the legal profession in every governmental division in the western hemisphere and in American waters and papers have been arranged for, to be presented by representatives of the foreign countries interested in the combat of tuberculosis.

The four symposia, referred to above, will be as follows:

1. "Preventive Legislation, Embracing the Social, Municipal and State Aspects of Tuberculosis."

2. "Tuberculosis in its Pathological and Bacteriological Aspects."

3. "The Medical and Surgical Aspects of Tuberculosis."

4. "The Veterinary Aspects of Tuberculosis."

Confession is Good for the Soul.—

Dr. John C. Munro, of Boston, in a recent paper read before the Harvard Medical Society of New York City, spoke with some feeling on the fact that many abdominal sections performed were needless. This statement was followed by a description of several operations, performed both by himself and other practicing physicians, in which, when the abdomen was opened, nothing requiring surgical interference was found. This action on the part of Dr. Munro speaks well for that gentleman's rectitude and high feeling; but many of the profession will doubtless feel that his statements were in a measure unwise. Among the operations mentioned by the doctor was the following: "The patient, a woman of questionable character, while under the influence of liquor, fell into the hold of a vessel in the harbor. The symptoms presented were those of some acute abdominal condition and, as the fall had been a serious one, the suspicion was aroused that a rupture of the kidney might have taken place. The abdomen was opened but absolutely nothing traumatic was found. After the operation, it was discovered that the patient, besides being alcoholic, had the morphine habit. By withdrawing the drug almost any train

of symptoms could be induced. The patient recovered without incident."

At the same meeting, reports were given of other operations that proved needless. For instance: "Some years ago Dr. Brewer saw a patient who had suffered from pneumonia in which the crisis had come on the sixth day. The temperature had been normal for nearly a week, when acute abdominal pains developed with a temperature of 102° F. and a pulse of 100. There was a history of four or five previous attacks and there was localized tenderness in the region of the appendix. The next day the abdomen was rigid and the pulse and temperature had both risen. It seemed certain that the patient was suffering from appendicitis and two consultants who were called agreed with this diagnosis. The patient was considerably run down as the result of the pneumonia, however, and the fulminant character of the apparent appendicitis had still further sapped his strength so that operation seemed hopeless. There was great distention of the abdomen and there seemed to have been a perforation in the appendix. After death it was found that there was no intra-abdominal lesion. The patient's condition was due entirely to a pneumococcus septicæmia with tympanites from distention of the intestine because of peristaltic paralysis. Dr. Brewer has seen three or four of these cases in which general sepsis simulated very closely intra-abdominal conditions."

The danger of the uterine tamponade, usually considered a simple and safe method of inducing labor, was pointed out at this "experience meeting," in the following statement: "Dr. Coe detailed his recent experience with a case that pointed out to him a hitherto almost unsuspected danger from tamponing the lower segment of the uterus to induce labor. The patient was a woman in wretched health, a multipara, for whom it seemed desirable to bring on premature labor. She was given a few whiffs of chloroform and about two yards of gauze were packed into the lower segment of the uterus. At the time of the tamponade it was noted that the placenta bruit was loud. It was concluded that there was a low implantation of the placenta. A couple of hours later there was a sudden gush of blood. Most of the gauze was removed and the hæmorrhage ceased somewhat; though the patient did not suffer from ordinary labor pains, there were contractions and cramp-like pains that were more distressing. The fœtal heart sounds were distinct. After a time the hæmorrhage recommenced and continued so that there was an anticipation of premature separation of the placenta. Dr. Coe summoned assistance and made a rapid delivery with the high forceps. There was considerable bleeding, at least twenty ounces of blood being lost. It was found that the placenta had been detached over one-half its area and that this was undoubtedly the cause of the bleeding. After the delivery examination of the uterus showed the presence of a sessile intra-uterine fibroid. The course of the case since delivery has been normal. The child is perfectly well. It seems certain that the insertion of the gauze into the uterus was the occasion for the detachment of the placenta. Either the placenta was directly pushed away from the uterine wall by the gauze, or at least so much pressure was made upon its lower edge that the first contraction of the uterus caused its detachment. If delivery had been delayed in this case there seems no doubt that both lives would have been lost. This case shows one of the dangers of the gauze tampon, and indicates the necessity for determining if possible whether there is a low implantation of the placenta at the time of tamponing."

Aconite.—This drug is always indicated when the pulse is small, frequent, and easily compressed.—(FELTER).

Book Reviews.

A Text-Book of Bacteriology. By George M. Sternberg, M. D., LL. D., Surgeon General United States Army; Ex-President American Medical Association, and of American Public Health Association; Member of the Epidemiological Society of London; of the Royal Academy of Medicine of Rio Janeiro; of the Societe Francaise D'Hygiene, etc. 8 vo. Cloth, pp. 708. Illustrated with Heliotype and Chromo-lithographic Plates and 200 Engravings. Second Revised Edition. William Wood & Co., Publishers, New York, 1901.

Surgeon General Sternberg's work is one that must prove of value to the student in the laboratory, presenting as it does so much that is valuable in a clear and easily understandable manner. And it will be found of use also by advanced students and practicing physicians, showing as it does a representation of our present state of bacteriological knowledge. Large type is used in speaking of the pathogenic bacteria and bacteriological technology; and the non-pathogenic bacteria, with the less important or imperfectly described pathogenic bacteria are treated in small type. The work is thoroughly modern, practical and valuable.

Practical Medicine. By F. Mortimer Lawrence, A. M., M. D.; Cloth, 8 vo.; pp. 520. Price, $3.25. Boericke & Tafel, Philadelphia, 1901.

This work is intended more particularly for students; nevertheless it presents a great deal of material which will be found valuable for quick reference by advanced workers:—it sets forth concisely those fundamental facts that are requisite to the successful practice of medicine. Pathological symptoms rather than the details of morbid anatomy are defined with the hope of correlating the symptoms of disease to the underlying changes. In connection with diagnosis the more improved methods have been included and each section is by a brief resume of the essential points to be determined by interrogation of the patient and of the physical methods by which examination should be conducted.

As a whole it is a very complete, practical work, one we can heartily recommend.

The Science of Therapeutics. By Bernhard Bæhr, M. D.; Half Morocco, 2 vols.; pp. 635 and 752; Boericke & Tafel, Philadelphia.

This is a work of no ordinary merit, translated by the veteran Doctor Charles J. Hampel, who has not only represented the author with fidelity but also added large sections from Kafka, as well as a number of new remedies. As a whole, it is the most complete and concise exponent of Homœopathic Therapeutics we have seen, and in these days of "Isopathy" the claims of our brethern of the similia cult are not to be ignored: Indeed, we have borrowed from them extensively, not always however, we regret to say, giving the credit that is their due. The work as a whole will prove of the utmost utility to any and every practitioner, regardless of therapeutic belief. A careful perusal will reveal many explanations and side-lights on the action of numerous drugs that are now generally deemed erratic or obscure, for example, the similarity of action on the part of copper and lead with reference to the spinal cord.

The first volume is divided into six sections embracing eases of the brain, the spinal cord and of the nervous system generally; diseases of the head; of the mouth; fauces and œsophagus; of the stomach, intestines and peritoneum; of the liver, spleen and pancreas; of the uropoetic system. Volume Two: Diseases of the sexual organs; of the respiratory apparatus; diseases of the circulatory system; derangements of the single system, and constitutional diseases.

Clinical Hematology. By John C. DaCosta, Jr., M. D., assistant demonstrator of clinical medicine, Jefferson Medical College, Hematologist to the German Hospital, etc. Cloth, octavo; pp. 474. Price, $5.00. Published by P. Blakiston's Son & Co., Philadelphia, 1902.

Advance sheets of this publication have been sent out by the publishers for examination. The author's preface sets forth the purpose of the book, which is to "interpret the blood report according to its true value as a clinical sign, neither exploiting it as a panacea for every diagnostic ill, nor belittling it because of its failure consistently to give the sought-for clue in every instance." The data to which reference is frequently made in the text are from the records of the Pathological Institute of the German Hospital, where accounts of all blood examinations have been kept for the past six years. Other data are furnished from the author's personal experience, and in all about 4,000 reports on blood in various pathological conditions are given. Specimen pages of the work submitted show large type, wide margins, good paper and a generally attractive and substantial appearance. The illustrations seen are clear-cut and workmanlike, with several representations of blood under the microscope. In the completed volume there will be

eight full-page colored plates, three charts and forty-eight other illustrations. Its value to the profession cannot yet be judged, but the author is a physician of reputation.

The Diagnostics of Internal Medicine. By Glentworth Reeve Butler, A. M., M. D., Chief of the Second Medical Division, Methodist Episcopal Hospital; Attending Physician to the Brooklyn Hospital, etc., etc. With five colored plates and two hundred and forty-six illustrations and charts in the text. New York: Appleton's, 1901.

This work is written from the standpoint of its value in practical work in the clinic. Dr. Butler has divided the work into two parts, the first setting forth in clear and simple fashion the general principles of physical diagnosis. In the second part, diagnosis of the individual disease is treated. There is a valuable section on blood, sputum and urine analysis, and the whole work is well illustrated with plates and diagrams.

New Instruments and Devices.

AGATE NICKEL-STEEL.

"Agate Nickel-Steel" ware is something out of the ordinary in material for sick-room supplies. Articles like commode chamber-pails, for example, are made of sheet steel which is pressed into shape, afterwards being coated with nickel and then with a double coat of vitreous enamel. The nickel forms a clinch between the pressed steel and the enamel and the result of the union is a vessel of great resisting powers. The goods are thus made strong and durable, yet owing to the lightness of the material used they are no heavier than weaker vessels. The enamel surface permits rapid and easy cleansing, an unquestioned advantage in the sick-room or the laboratory.

This ware is manufactured by a well known company, and one of their specialities is an odorless commode chamber pail. The cover fits onto the body of the vessel very tightly and is held securely in place by a rubber gasket, made perfectly tight by a lever handle which can be readily released at the proper time. The strength of the material composing these vessels and their absolute closure makes them specially well adapted for use in asylums.

POCKET DOSE BOOK.

Pocket Dose Book. Compiled by John Edwin Rhodes, A. M., M. D. In this little volume of less than fifty pages, Dr. Rhodes has set down the dose to be given of about 1,000 remedies. The list of remedies is arranged alphabetically, and the dosage is given both in terms of apothecaries' weights and measures and in metric terms as well. In this particular edition of the dose book, several remedies have been added to the list, considerably increasing the number, and some items for ready reference on subjects of interest to the profession have been inserted also.

PURITAN LAMP.

Acetylene gas as a means of illuminations has become more and more popular recently, owing to its introduction on passenger cars by some of the railroads and also owing to the fact that the properties of the gas are becoming better understood, with a consequent lessening of danger from its use. One of the latest methods of using the gas for illuminating purposes is the Puritan gas lamp, which is said to be a revelation to physicians, for whom it is specially made. The light itself is produced by a simple charge of water and calcium carbide, which costs about two cents. The solid can be bought nearly everywhere, nowadays.

By an ingenious arrangement, the lamp can be lighted immediately after being charged and it can thereafter be repeatedly lighted, the generation of gas being perfectly automatic. The flame is controlled by a key similar to those in use on the ordinary gas burners, but the lamp itself possesses advantages over those burning the commercial artificial gas, being free from the objectionable flickering, smoke and smell of the better known article. The flame itself is white, and of great brilliancy. There is scarcely any lateral or reflected heat from the lamp—something specialists will appreciate—and objects viewed in the light from it appear in their own natural colors.

The Puritan lamp is mounted on a standard like a student lamp, but is readily detachable, so that the lamp may be used anywhere. Standard condensers can be used with this lamp. Its size is 3x5 inches and its weight 15 ounces. It retails for $9.00.

RED CROSS SPRINKLER.

The accompanying cut illustrates one type of the Red Cross Formaldehyde sprinkler, a device which has recently attracted considerable attention, particularly in sections where contagious disease "scares" have given rise to general disinfection. The method of using the sprinkler is simple. The bottle is filled with a 40% solution of formaldehyde, the metal cap is taken off the bottle and the metal cap with sprinkler and goose-neck attachment is put on

in its place. With the bottle held in the left hand and the forefinger on the automatic valve on the cap, the flow of the disinfectant is readily controlled by pressure on the rubber bulb. The bottle in the size illustrated contains about 22 ounces of the liquid and five ounces are sufficient to spray a sheet that will disinfect an air space of 1,000 cubic feet. The device is manufactured by a Chicago firm, which makes several sizes, suitable for physicians, undertakers and other men whose apparatus for disinfection must be compact and easily portable.

The claim of the manufacturers is that the device is much more simple in its construction than is the case with the majority of other machines on the market, while the work done

by the Red Cross is as efficacious in its nature as that performed by more elaborate means. The firm has issued literature containing full directions for using the machine, and also suggestions as to how to prepare a room or a car for disinfection. It is noteworthy that the board of health of Chicago has adopted the device for use in the city hospitals and other public places requiring disinfection. In one experiment, figuring on the results obtained by the use of pure formaldehyde gas, spontaneously evolved from the machine, staphylococci bacteria (dry specimens) were destroyed, no growth being obtainable from any of the slides used. Pure staphylococcus was obtained from the control. In this experiment, 125 c. c. formaldehyde were used per 1,000 cubic feet and the rooms of the house were exposed to the influence of the gas for eight hours. An outfit for the physician costs $4.00.

Electrically-lighted surgical instruments are not entirely new, but some of those already in use possess features that the users of them wish did not exist. For example, in many of the lamps in use on exploration instruments, the amount of heat thrown out is so large that some cooling device must be employed to secure the comfort of the patient. It is now claimed that a lamp has been devised and put into use in connection with surgical instruments, which is practically heatless. The manufacturers of this lamp claim for it that it can be utilized as the bulb of a bougie, the lamp itself giving out practically no heat. The instrument itself can also be used as a general diagnostic lamp for all ordinary purposes.

Another device, of special interest to the gynaecologist, but also of use to the profession in general is the vaginal speculum, which is said to give a perfectly illuminated field under all conditions. The instrument carries a heatless electric lamp between the blades, in such a position that no misleading shadows are cast. The lamp itself does not need to be removed, owing to the fact that no liquid affects its efficiency; in cases of hæmorrhage, it can be removed easily without disturbing the position of the speculum, washed and replaced.

By means of the speculum the os Uteri can be brought into perfect view under the rays from the lamp and there is no obstruction which can be interposed. The speculum itself is built on such lines that it can be taken apart without difficulty and sterilized with great ease.

THE VIBRATILE.

The Vibratile.—One of the latest things in mechanical to be made use of in the field of medical treatment is the "Vibratile," an instrument designed for the purpose of giving mechanical massage. The masseur itself consists of a curved receptacle, shaped so as to conveniently fit the hand and containing an induction coil. The coil acts on a metal vibrater, moving laterally and with a speed, to be varied at the will of the operator, from 500 to 3,500 strokes per minute. The vibrater is protected

and surrounded by a loop of metal, which prevents injury to the patient. The treatment can readily be localized, owing to the size and shape of the loop which surrounds the masseur itself.

The whole outfit—battery, switchboard and Vibratile, weighs about ten pounds, so that the apparatus is easily portable, even for quite long distances. The entire outfit retails for $25.00, and with the battery and carrying-case omitted, $18.00. The plan for selling the apparatus in this way is to make it comparatively easy for the practitioner to keep a massage outfit in his office. Four dry cells in a series are recommended as a means for furnishing power to the device. The use of masage as a means of alleviating human suffering is, of course, very ancient, and the appearance of this device will probably go far too making it popular with physicians, as a means of treatment for their patient.

Notes and Comment.

The Gospel of Cleanliness.—"If you ask what is modern surgery, I would answer that it is the gospel of cleanliness—*that covers the ground.* Here the problem presents itself and also the difficulties, and here are our failures manifested because of the utter impossibility of absolutely preventing infection in every case.

(1) The great point in connection with successful surgery is the individual to be operated upon. We have minimized the chances of infection of the individual himself, so that, as far as the patient is concerned, we are able to get the site of operation reasonably clean.

(2) The patient is clean, but you cannot operate on his unclothed body. The patient must be covered—kept warm in fact. We insist on absolute sterilization of everything touching the patient, of everything that is in the operating-room; this includes tables, chairs, basins and bowls, and everything that may be used. Considering all these points about the requirements of modern surgery, I believe it to be utterly impossible to carry out modern aseptic surgery in a private house.

Finally you will ask me, "Who could or should be a surgeon?" and in answer I will say that he must be a well-educated physician, must have been a general practitioner and a good therapeutist. He must take up surgery early and gradually develope a surgical hand; he must have been assistant to a first-class surgeon for at least a year, where he will see hundreds of operations of various kinds. Such a man may be a good surgeon. He ought to be in some large town, say a county seat, and, as his surgical practice grows, he should give up absolutely general practice, devoting himself to surgery exclusively, and then his colleagues in the county would support him.

Hence the requirements of modern surgery are: (1) A patient brought to the highest state of resistance to microbic infection and made as clean as possible; (2) an operating-room, preferably in a hospital, where everything has been made thoroughly sterile; this includes anæsthetizers, assistants and nurses; (3) a surgeon who has a mechanical hand and has received a long and thorough training.—(Dr. J. H. Carstens, in *The Medical News*).

The Doctor and His Bill.—"The physician himself is at fault for the remissness of his patrons in paying their dues. Indeed, our profession has been brought under contempt through the adage, 'As hard to collect as a doctor's bill.' Tradesmen are promptly paid the entire amount of their bills. The doctor would be, too, if he would only put up a little fight for it; but, without a particle of business insistence, with childlike timidity, he humbly submits, without protest, to being paid at any odd time, in a haphazard way, at long intervals, and then, usually, only a part of his bill, instead of the whole of it. Eventually, payments become more and more remote, while the amounts at each payment dwindle in proportion."—(Dr. G. A. Patton, in *Northwestern Lancet*).

[That's right, doctor, and sounds like sound sense. We need more insistence among the profession.—Ed.]

Morphine in Porto Rico.—Morphine is used extensively in the town of Juana Diaz, Porto Rico. It is estimated by the insular Board of Health that out of the 2,500 inhabitants 1,000 are victims of this terrible habit.—(*Exchange*),

Women Students of Medicine.—The number of women students of medicine in Berne is 190; men students, 174. In Geneva 168 women and 183 men are pursuing medical studies.—(*Exchange*).

The Nicaraguan Climate.—"It is the testimony of disinterested observers that both coasts of Nicaragua are malarious with a considerable amount of suffering from malarial cachexia and enlargement of the spleen. Dysentery is one of the severe diseases of the country. A prevalence of fever of the pernicious type has been noted, particularly in the western portion of the country, The fever is generally hepatic and jaundice and hematemesis are usually present. The mortality from pernicious fever is very high. As this disease carries so many of the characteristic symptoms of yellow fever, Stitt declares that able physicians frequently pronounce the two diseases to be identical.

"As to the forms of disease most commonly met with, Griswold says that four-fifths of all sickness at Panama are due to fevers. Severe bilious fevers, congestive fevers and Chagres fever are not uncommon. According to Buel, the most sickly period is September, October and November, during which time dysentery is very common, as is also a high degree of bilious fever which, in malignity and fatality, falls little short of yellow fever. Foreigners seldom, if ever, acquire the same immunity from local diseases as that enjoyed by the natives; they are frequently attacked by febrile disorders and in the interim suffer from the depressing and debilitating effects of the climate. In March, April and May fevers are at their minimum. Dysentery is common at the end of the rainy season and at the beginning of the dry season. Phthisis is prevalent among the natives, especially along the coasts. According to Wallis, smallpox, yellow fever and paludal fevers in their infinite varities and forms are never absent in these inter-tropical regions where they are truly endemic. Nelson, after an experience of five years at Panama, gives his approval of the statement long made with reference to the Isthmus, that it is the "Grave of the European." It has also been called the "Pest House of the Tropics," and Bigelow says that here truly "Life dies and death lives."—(Dr. George A. Soper, in *The Medical News*).

Maryland Child-Mother.—Dr. L. M. Allen, in the *Maryland Medical Journal*, reports the case of a colored girl, eleven years of age, whose menses first began at the age of ten years and three months. Conception took place at ten years and eleven months, and her child was born at eleven years and eight months. The labor lasted a little over fourteen hours, and the placenta was removed artificially one-half hour after the birth of the child, which was developed in every respect, and weighed 3,265 grammes. A peculiar feature of the case was that the labor was attended with very little real or apparent pain, the little patient seldom uttering a sound during the entire labor, even while the head and shoulders were emerging.

[Dr. Allen, though presumably a Southerner, has failed to apply for a law suppressing the child-mother. The rapid increase of the negro is accounted for at last. —Ed.]

Eyesight and the Teeth.—"Miss M., a trained nurse, came to me complaining of eye trouble at the same time that her teeth required attention. Her eyes troubled her a great deal, but she had me treat her teeth (canines) on general principles. I removed the nerves from these, treated the canals antiseptically, and filled them in a suitable manner with the proper material. Her eyes improved during treatment, at the completion of which she laid aside her glasses as useless, and has not required them since. She attributes her ocular improvement to the dental treatment, without suggestion on my part, and I agree with her."—Dr. Alice Jarvis, in *Philadelphia Medical Council*).

Oh, Doctor!—Dr. J. M. Carlton, of Wet Glaize, Mo., reports the following somewhat extraordinary case: "Mrs. J—. primipara, aged 21. Normal labor, expressed fear child would be marked, as she had seen a hare-lip girl two months before, and was greatly shocked at the sight. Also husband had a mule that had large bloody wart on its leg. At delivery, as the child passed over my left hand, I felt something like a piece of intestine. I made a very hasty examination, and found what at first appeared to be a loop of the intestine protruding from the lower lumbar vertebra. A closer examination showed me it was a sac, about five inches long by two wide. Not wishing to excite the mother, I did not examine it closely.

The next day a messenger came for me to "come down and open that bag," as it had filled up, and was causing the child to be very fretful. When I arrived at the house, I had the baby taken to the door and what

was my astonishment to see, instead of the empty sac, a well-developed head, about as large as a large orange.

The neck was too short to be seen. A large scar ran from outer corner of left eye, and terminated with right ear. The scar was slightly elevated. There was no sign of left ear. Right ear was merely a scar, in shape of ear. The head had neither eyes, nose or mouth; they were only indicated by a scar. The mouth showed plainest, just as if the lips were closed. From the mouth down, and as high as upper part of ear on right side of face, the skin was natural. The remainder of the face and head was covered with mucous membrane. The mold was about one inch by three-quarters. Pus could be plainly seen in the mold, and a few days later it exudated from it. I do not know the size of the neck, as the head touched the child's back, yet am satisfied the neck was very small. While examining it, the child *nodded its head* (the one on its back) three times. This appears unreasonable, but can be proven by creditable witnesses. There were no bones in its head. The child lived two weeks. Had spasms every few minutes the last twenty-four hours it lived. I have practiced medicine for twenty-five years, and never saw nor heard of a similar case. I should have added that the child was a fine, large, well-developed boy; everything perfectly normal, except this extra head.

Now, brothers, do not jump on me for saying the child nodded its head, for it did, as sure as you are reading this article."

Atrophy in Fractures.—Atrophy of the limb takes place in all fractures, chiefly as a result of disuse. From this cause it often happens that a plaster bandage which at first was snug becomes so loose that it no longer perfectly immobilizes the limb. The atrophy involves not only the muscular tissue, but the connective tissue as well, and the diminution in the blood supply, and hence the lessened amount of fluid in the limb makes the atrophy seem more pronounced. When the limb is again brought into use, the atrophy gradually disappears. —(EVE, in the *Southern Practitioner.*)

Suggestions in Male Urethra Work.—If possible, have the patient lie on his back on a hard surface like a table, with his knees flexed. Take a small hard rubber male syringe, and inject a dram of a two per cent. solution of cocaine, holding the end of the penis in the grasp of the fingers of one hand, while distributing the solution by stretching the urethra and passing the other fingers down the under side of the penis. This motion, repeated a few times, will send it down into the deep parts. After two minutes, the anæsthesia is sufficient for the purpose of passing the sound or catheter.

Lubricate your sound or catheter with a bland lubricant. I prefer a jelly made from acacia and glycerine. Glycerine will do. Oil and vaseline are disagreeably sticky, but will answer.

Stand on your patient's left, grasp the penis firmly with the left fingers, holding the catheter in your right hand. Pass the instrument slowly and gently. Use no force sufficient to injure the mucous membrane, and remember that it does not take much.

If any of you have any doubts about the use of cocaine, try the introduction on yourself with and without.

If you do not appreciate the need of sterilizing your instrument, watch some patient with his chill of infection after the introduction of a dirty one. Don't try this on yourself; it's not safe.—(KELLER).

Given With Male Fern.—The nausea and emesis so common after the administration of oleoresin of male fern may be eliminated by the use of the following combination in conjunction with it:

R Cocain hydrochlorat.....gr. 2½
Extract of belladonna....gr. 3
Valerian water.....dr. 2½

A few drops before and during the administration of the male fern.

It is of course necessary to be cautious as to the dosage, since the 150 drops contain so much of the belladonna and cocain.—(*La Presse Medicale*),

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Warning.—Do not use peroxide of hydrogen in a wound in which there have been placed and catgut ligatures, unless it is intended to wash the latter out, for the reason that peroxide rapidly destroys catgut.—(*International Journal of Surgery*).

When the Nipple is Fissured.—Bathe the nipple daily during the last month of pregnancy with tincture of quinine. Avoid all ointments.—(*Medical Record*).

How They Do It Abroad.—In the medical world some enormous fees have been paid from time to time. In 1762 the famous Hertfordshire physician, Thomas Dimsdale, was summoned to St. Petersburg to vaccinate the Empress Catherine II. He was in the city les than a week, but so successfully did he accomplish his task that he was paid a consideration of £12,000 in addition to a life pension of £500 a year. Another costly vaccinating operation was that performed a few years ago by Dr. Butler upon six Indian rajahs, and from each of his patients he received £10,000 for less than a day's work.

When King Edward, or the Prince of Wales, as he was then, lay at death's door with typhoid fever, the famous William Jenner was called in for a period of four weeks, and in return he was paid at the rate of £2,500 a week and given a baronetcy into the bargain. Nor was it by any means unusual for him to receive a fee of £500 for an hour's consultation with less celebrated patients.

But royalty invariably pay their medical attendants highly. The late Sir Morell Mackenzie journeyed to Berlin to relieve the sufferings of the Emperior Frederick during his last illness and secured a fee of £20,000, while Prof. Zacherine, of Moscow, who was called to Livadia when the Czar Alexander III. lay dying, was presented with a check for £15,000, in addition to all expenses, for a two-days' attendance upon his illustrious patient. Dr. Yowski, the famous oculist, pocketed a fee of £7,000 for attending the shah's son at Teheran some years ago, a figure completely put into the shade by that captured by an English army surgeon, who paid occasional visits to the Rajah of Rampur, India, when that potentate was suffering from an acute attack of rheumatism. The patient did not wait for him to send in his bill, for, finding his treatment beneficial, he rewarded him with a draft for £10,000.

The highest medical fee ever paid, however, became the property of a blind physician, Dr. Gale, of Bristol, who cured a wealthy patient of a diseased knee by electric treatment, and in return found his banking account richer by £50,000.—(*Pearson's Weekly*).

An Old Remedy Reapplied.—Since electricity has substituted steam on the underground London railways, it is averred that a trip thereon constitutes a pronounced appetizer; persons who for years have not had a speaking acquaintance with a respectable appetite, insist that they have thereby been entirely cured. There is a possible reason for this in the fact that electricity creates a certain amount of ozone, which, being confined within the tunnel, gives the passengers a bracing air to breathe, so that when they reach their homes the weariness of the day's work has, in a measure, vanished, leaving them with a sound, healthy appetite, ready for a good dinner and wide awake for an evening's social enjoyment. And so capitalists, in providing rapid transit, are contributing largely to the longevity and general health of citizens.—(*Medical Times*).

The Original Package.—

The original package method is altogether wrong and should be abolished. If any certain manufacturer can, by superior skill and methods, produce preparations of higher standard, he will not lose his trade. Place the standard high, and none should grumble save the unworthy. Aside from the unprofessionalism of aiding the sale of proprietary articles, the physician often forgets what his patient pays for in the way of advertising when he is using them. For example, a combination of the hypophosphites and cod-liver oil is a recognized desired pharmaceutical preparation, as the countless number on the market goes to prove, but there is no reason why it cannot be prepared and sold in bulk and therefore save the consumer the expense of advertising and of the original package.—(*Albany Medical Annals*).

Hyoscyamine, New Source of.—

While *Hyoscyamus muticus* grown in India contains about 0.1 per cent. hyoscyamine, the same plant grown in Egypt yields about 0.6 per cent. for the leaves and stems, and about 0.9 per cent. for the seeds. *Datura stramonium* grown in Egypt, according to Dunstan and Brown (*Proceedings of the Chemical Society*), contains hyoscyamine to the extent of 0.35 per cent., unaccompanied by other atropaceous alkaloids.—(GUDAMER, in *Archives de Pharmacie*).

Cacao Preparations.—

In the Cameroon District, of West Africa, the best grade of cacao is made. The golden-yellow fruits are cut from the trees, (*Theobroma Cacao*) opened, and the seeds removed. Next they are cured—a fermentation process, by self-heating, requiring from ten to sixty hours, at a temperature ranging from 86° to 109° Farh., according to the volume of the harvest and the weather prevailing,—whereby the seeds lose their originally bitter and astringent taste, and the violet-colored cotyledons take on a chocolate-brown hue; this latter is accepted as evidence the sweating process has been sufficiently prolonged. The seeds are now washed to free them from impurities, dried in the air, and packed in sacks. Throughout the entire manipulation contact with metals is carefully, even anxiously, avoided.—(FREDRICI, in *Der Tropenpflanzer*).

New Medical Atlas.—Jonathan Hutchinson, F. R. S., general secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford, in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. An effort is now being made to increase the membership, in order to extend its work.

Hospital Gets Tapestry.—For the new French hospital which is to be built in New York City at Nos. 450 to 456 West Thirty-fourth Street, the French Government has contributed $20,000, together with a valuable Gobelin tapestry, from the painting by David representing Napoleon by Jaffa. It is valued at $50,000, and is to be sold for the benefit of the building fund. The site and building of the present hospital at No. 320 West Thirty-fourth Street have already been sold, and the new hospital, which is to cost $250,000, will be built by the French Benevolent Society. It will embody many French ideas in furnishing and equipment that are new to Americans. One of these will be completely isolated ward for consumptives on the top floor. The structure will be seven stories high and built of red brick and lime-

How to Remove Gunpowder Stains.—The removal of powder stains is generally considered impossible, yet it is often a cosmetic necessity for which the physician may gain a handsome fee in event of success. In recent cases the free and repeated application of pure dioxide of hydrogen will generally prove satisfactory. In cases of longer standing, paint the surfaces with ammonium iodide, one ounce; distilled water, one ounce. This solution will gradually change the black stains to a reddish color; after the red tint develoopes, paint the surface with a solution of dilute hydrochloric acid. It will be understood that the latter treatment is only applicable to cutaneous surfaces; but the peroxide may be used freely on mucous surface.—*Medical World.*

Pitfalls of Medical Practice.—

The errors of physicians, undoubtedly, are many, but the one most flagrant and common, is neglect of business methods. An easy going medical man will allow a patient to run a bill for a year or two, until it assumes formidable proportions; and the latter, fearing to be asked for it, will call in another, and intimate to friends, who inquire why the change was made, that the former physician was in some way a fault.—(*Medical News*).

A Convenient Antiseptic.—The most convenient, most certain and cheapest antiseptic for ordinary emergency surgery is the application for one moment of a sponge or cloth wet with pure carbolic acid and immediately followed by irrigation with pure alcohol. Such an application could not be used on the brain or viscera, but is applicable to even extensive external wounds.—(*Exchange.*)

Menthol Valerianate.—This preparation, which sometimes masquerades under the trade name of *validol,* is said to be a valuable expectorant, and especially useful in bronchitis.—(*Australian Medical Journal*).

Therapeutic Brevities.

Yeast in Leucorrhœa and Gonorrhœal Vaginitis.—Dr. Ph. Chapelle, of Paris, writing in the *Canadian Journal of Medicine and Surgery,* speaks of the success which has been met in the use of this well known domestic article in the treatment of diseases of the female organs. He says in part: "Yeast in the treatment of chronic leucorrhœa, and vaginitis due to gonorrhœal infection, has recently been tried with considerable success. Dr. Landau, of Berlin, was the first to apply it locally by injection for troublesome vaginal secretions, and found small quantities produced a rapid and complete arrest of the discharge after a few weeks.

"Murer, in France, has used it in the same manner in gonorrhœal discharges from the vagina, and found yeast most effective in suppressing inflammation of the mucous membranes, which regained their normal color rapidly. In the gonorrhœa of men, however, it was not uniformly successful. In leucorrhœa and gonorrhœal vaginitis there occurs a substitution of a morbid fermentation for a non-dangerous yeast fermentation, for the yeast-cells (saccharomyces cerevisæ) appear to devour the morbid germs, which set up inflammatory conditions.

"Backer, who has made a study of the various ferments, is of the opinion that the natural toxines, however altered, may in the treatment of disease be replaced with advantage by ferments in the living state. He considers good health to be one of normal fermentation, and bad health one of morbid fermentation.

"Hence, pure ferments like yeast attract pathogenic germs, allow themselves to be penetrated by them and, once enveloped, destroy them by a true phagocytosis. D'Arsonval and Charrin have also made a series of investigations on the reciprocal action of microbes on vegetable cellular tissues, and it would appear that in the case of yeast, in its struggle with pathogenic germs, it expends its energy as a ferment, acting consequently by reason of its phagocytic properties.

"We see, therefore, why the treatment of leucorrhœa and other vaginal discharges with yeast is based on reasonable grounds, and it should, therefore, be tried in obstinate cases, which do not yield to tonics and the usual local treatment.

"The application of yeast in this connection is not convenient, owing to its keeping badly, its offensive smell, and the difficulty of obtaining fresh supplies, as well as its inconvenient, frothy nature, which makes it difficult to be retained when injected. This, however, can be overcome by using the pure desiccated form, known as Cerevisine, which may be exhibited in the form of a pessary of cocoa butter filled with Cerevisine, and placed in position on going to bed with a tampon of absorbent cotton, or again applied by dipping absorbent cotton in a thin paste of Cerevisine and water. The quantity for application is not important, as it is perfectly harmless, but from one to two teaspoonfuls can usually be introduced and retained in the vagina during the night, which will give more cleanly and comfortable results than injections of brewer's yeast during the day."

Obstetrics and Rubber Gloves.—The number of deaths from puerperal septicæmia has been markedly diminished by the introduction of aseptic methods into the practice of midwifery, but it is still too large; and the number of cases of infection falling short of a fatal issue is so great as to account for much of the invalidism suffered by women during the child-bearing period. That a large percentage of these cases owe their infection to the germs introduced by the examining finger of the physician is generally admitted.

The use of rubber gloves in surgical operations is now considered an essential part of aseptic technique. In obstetrical cases, however, which, so far as the danger from sepsis is concerned, should be classed with major surgical operations, the use of gloves is exceptional. This, we believe, is largely due to the fact that the attention of the general practitioner, who does most of the obstetrical work, has not been called to this ready and important means of lessening his responsibility for the occurrence of that most dreaded complications of confinement cases, puerperal sepsis.

Experimental research has shown that it is next to impossible, even with the greatest care and by the use of the most complete methods, always to render the parts about the nails of the surgeon's fingers sterile. How much more difficult

must this be with the hands of the general practitioner, who, from the variety of the work performed and the frequent lack of proper facilities for cleansing, is often unable even to approach perfect methods in his preparation for the care of labor cases. Boiling water is the only absolutely efficient and always ready means for quick sterilization, but, unfortunately, we cannot boil our hands. We can, however, protect the patients and ourselves by enclosing the hands in an elastic, thin and impervious covering, which can be boiled and made absolutely aseptic.

The gloves should not only be used in all clean obstetrical work, but it is equally important to use them in cases already infected, as in giving intra-uterine douches, in emptying a uterus of a decomposed fœtus or placenta in abortion cases, etc. Here the main advantage is the prevention of the contamination of the physisian's hands and the lessening of the liability of his being a carrier of contagion to his other patients. In syphilitic patients the use of the gloves will prevent the possible infection of the examiner's finger and afford a protection which may contribute to the doctor's peace of mind.

The manufacture of the very thin and seamless rubber gloves has largely overincome the objection formerly urged against their use, namely, that they interfered with the tactile sensibility of the finger. A very little experience is all that is necessary to accustom one to the difference in the touch. The gloves are easily sterilized by boiling in water for ten minutes, and they may be kept in an antiseptic solution during the intervals of examinations. Lysol makes a good solution for this purpose, as it is slippery and acts as a lubricant. Oil or grease should not be used, as it spoils the rubber. The preliminary cleansing of the hands is necessary to avoid the possibility of their carrying infection in case of any holes being present in the gloves.

If the glove is filled with the antiseptic solution and the hand then introduced, the solution is readily displaced and the glove easily drawn on.

We venture the opinion, that the general adoption of rubber gloves by the general practitioner will result in a marked diminution in the number of "fever" cases following confinement.—(Weston, in *The Lancet*).

The German Method.—From Germany comes the report of a man who had swallowed several artificial teeth. It was impossible to discover their position by means of the Röntgen rays, but they could be accurately located by means of the œsophageal sound, which touched them at a distance of 36 cm. from the natural teeth. An attempt to remove them by means of forceps failed, and therefore the sound was reintroduced and the teeth forced into the stomach, an operation that caused considerable pain. The patient was then instructed to eat large quantities of coarse vegetables, with the idea of enclosing the teeth and preventing them from injuring the intestine in their further passage downward. After several days they were actually found in a copious evacuation.

Convalescence in Scarlatina.—Convalescence in severe cases of scarlatina is apt to be prolonged, and the patient ought to be carefully guarded by the medical attendant, as the sequellae are frequently disastrous. Here the preparations of iron, Basham's mixture and the tincture of the chloride are suitable preparations, and sometimes small doses of quinine 1-6 to 1-4 of a grain, to reinforce the ferriginous remedies. These remedies with plenty of good warm clothing in bad weather, and good fresh air and plenty of sunlight usually hasten convalescence.—(McCoy, in *Medical World*).

Golf for Writers' Cramp.—Several sufferers from writers' cramp are reported to have obtained great relief by becoming enthusiastic golfers. This game requires the use of the upper extremities just to the degree adapted to people who have lived a sedentary life. The movements are necessarily co-ordinate, and they are combined with proper exercise of the lower extremities, and a large amount of time is passed in the open air.—(*Monthly Encyclopædia of Practical Medicine.*)

Erysipelas.—Wash with ether to remove grease, apply gauze, and on this a thick poultice of sodium sulphate wet with cold distilled water.—The salt acts by excluding oxygen. Ice water is applied to prevent multiplication of germs. Six to eight hours is required to effect a cure.—(Curtis, in *Medical Record*).

Venereal Disease in New York.—Upon an investigation conducted by a committee of seven doctors, appointed by the Medical Society of the County of New York, on the prophylaxis of venereal diseases, it was recently reported by the committee that, following the most authentic sources of knowledge possible, an estimate of the number of individual cases of venereal disease in New York city in one year could not fall short of a total of 225,000.—(*Chicago Clinical Review*).

Caries of the Spine.—Of one thousand cases of caries of the spine studied by Waterman and Jaeger, the youngest patient was six months old, the oldest sixty-nine years. In the same series it was found that the affection belonged to the cervical region in 6.6 per cent of cases; in the dorsal region in 70.9 per cent; and in the lumbar region in 22.5 per cent.—(*Chicago Clinical Review*).

Calculi in Cadavers.—Of five hundred cadavers recently examined by Fiedler, of Dresden, ten per cent. were found to contain biliary calculi; and of this number five per cent. were men and fifteen per cent. women.—(*Chicago Clinical Review*).

Epilepsy and Youth.—Nearly eighty-five per cent. of all epilepsies develop before adult age is reached; and about fourteen per cent. of cases are distinct heritages from epileptic parents.—(*Exchange*).

For the Mumps.—

R Icthyol,
Plumbi iodidi, of each, 45 grains.
Ammon, chlorid, 30 grains.
Lard, 1 ounce.

M. Sig.: Apply to swollen glands three times daily.—(*Exchange*),

---

Vomiting of Pregnancy.—

B Acidi carbolici, gr. j—ivss.
Chloroformi, gtt. v.
Syr.
Ap. dest., aa 3 xxx.
Tinct. aurantii cort., q. s.

M. Sig. A dessertspoonful every two hours. Some teaspoonfuls of water should then be administered from time to time.

—(*Journal American Medical Association*).

Acids and the Gastric Juice.—Experiments were made on a dog by means of gastro-duodenal fistula: Under normal conditions the maximum secretion of gastric juice takes place during the first two hours, when it diminishes gradually, ceasing altogether at the fifth or sixth hour. This diminution of the secretion is due to the accumulation of hydrochloric acid. The latter, when in excess, inhibits the secretion, while lactic or butyric greatly increase it.—(Sokoloff, in *Bolnitchnaia Gazeta Botkina*).

Echinacea as an Aphrodisiac.—For a man, aged forty-eight years, whose condition was manifestly brought about by excessive drinking and sexual over-indulgence, I prescribed echinacea, when everything else had failed. The result was rehabilitation of erectile power, but the point of emission could not be reached. —(Pulliam, in *The Medical Gleaner*).

Cancers, Superficial.—Mix one part of zinc chloride with three parts of flour to a perfect paste, employing a saturated solution of cocaine muriate. Or, try two parts arsenious acid with one part of gum Arabic mucilage.—(Stelwagon, in *The Alkaloidal Clinic*).

Urethritis.—For catarrhal maladies, or irritations of mucous tracts, a combination of zinc acetate and albumen naphthosulphonate is recommended. It is sometimes very effective in both specific and non-specific urethritis.—(*La Mêdecine Scientifique*).

Pruritus Ani.—

R Alumnol, 30 grains.
Pulv. camphoræ, 1½ drachms.
Lanolini, q. s. ad 1 ounce.
M. Sig.: Apply locally night and morning.
—(*Exchange*).

In Hæmoptysis.—

B Acidi gallici, 2 drachms.
Acidi sulph. aromat., 1 drachm.
Glycerini, 1 ounce.
Aq. destillatae, q. s. ad 6 ounces.
M. Sig.: Teaspoonful at dose; repeat frequently.
(*Exchange*).

Nitroglycerine.—This is a valuable adjunct to mercury or iodine in cerebral syphilis.—(Browning, in *Medical News*).

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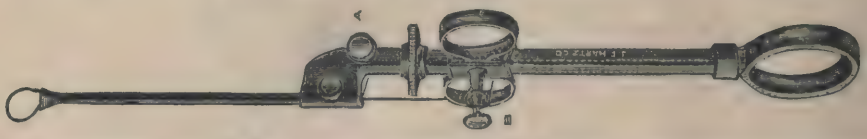

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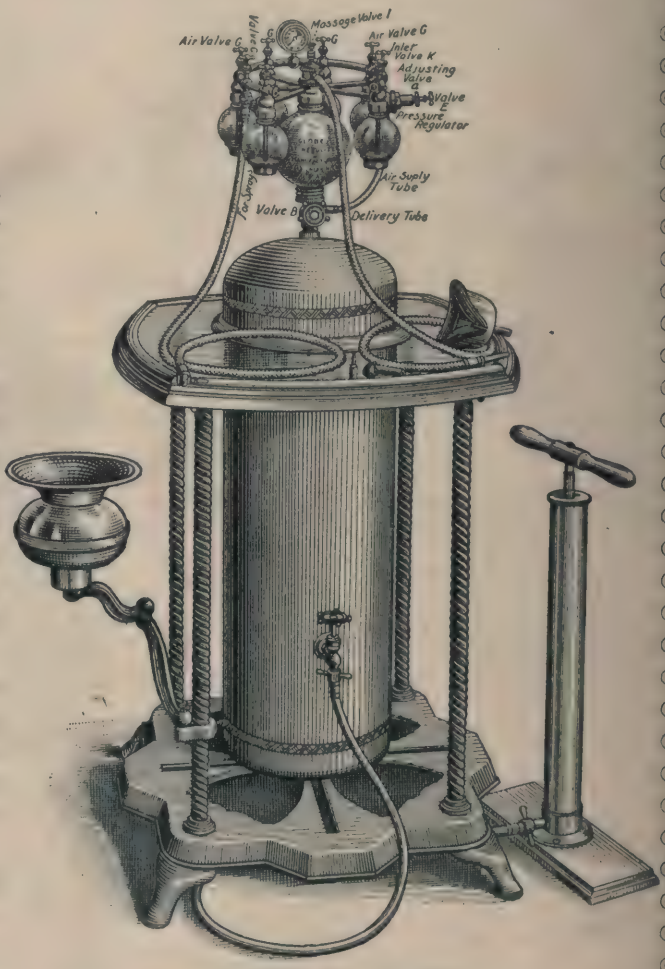

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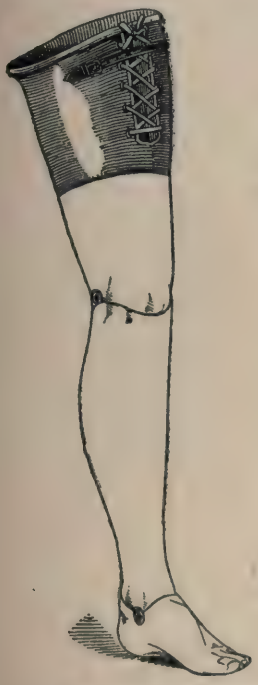

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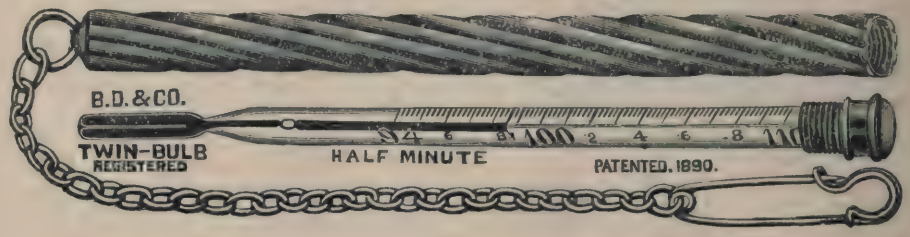

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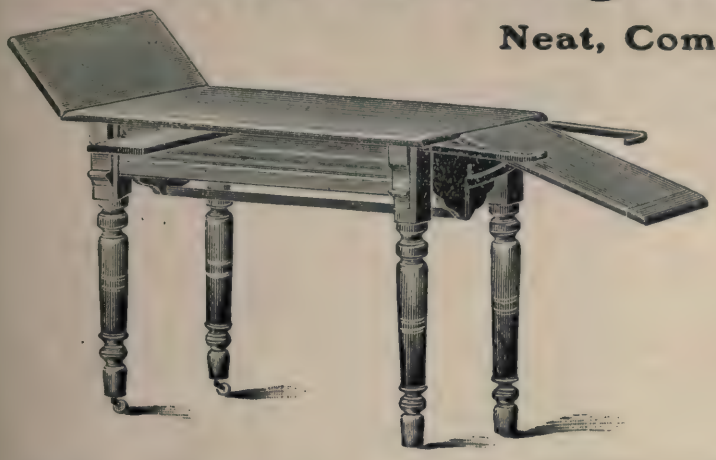

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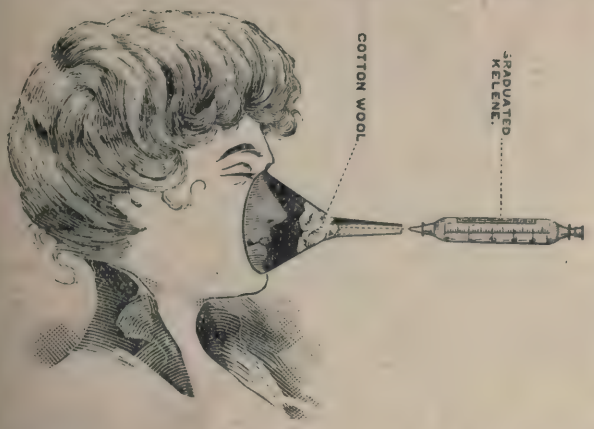

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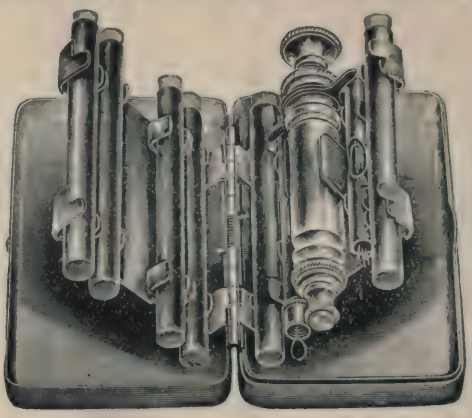

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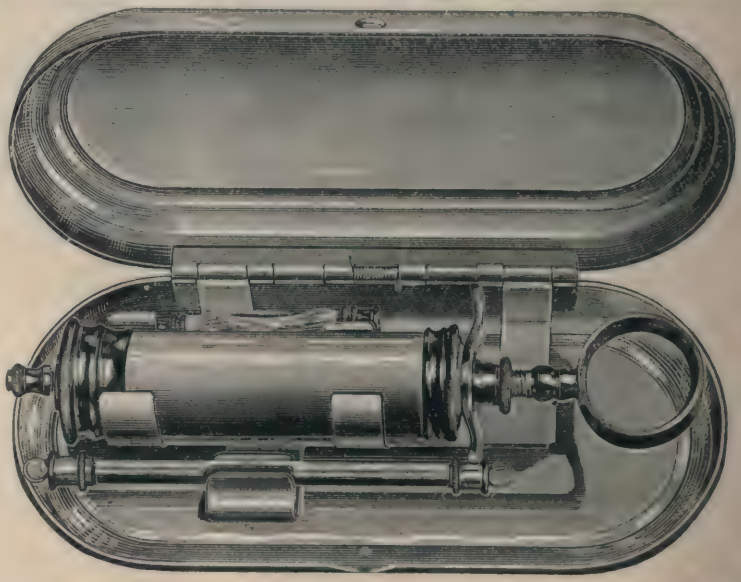

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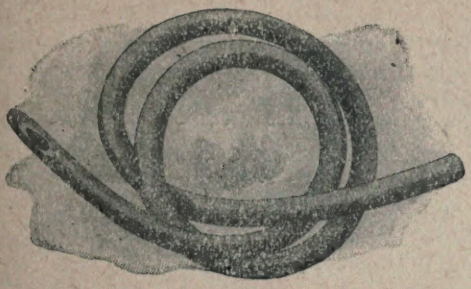

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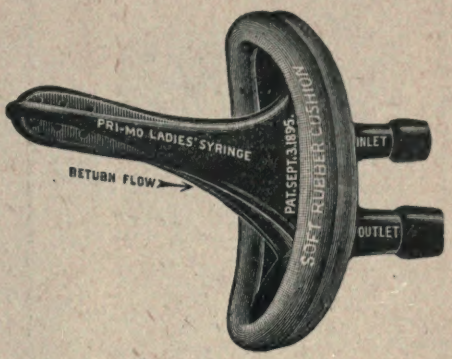

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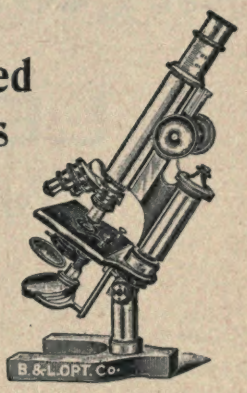

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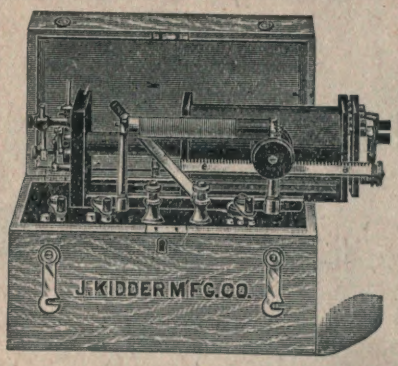

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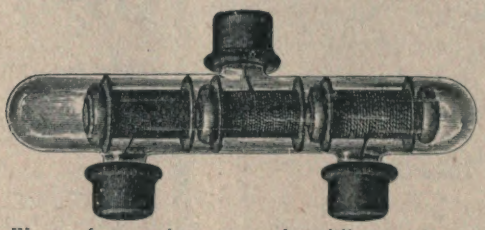

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